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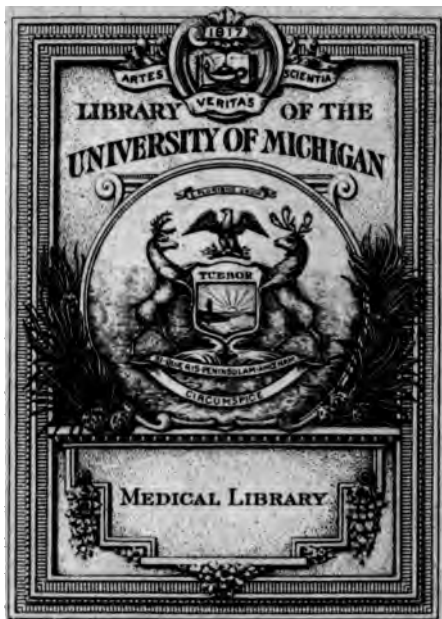
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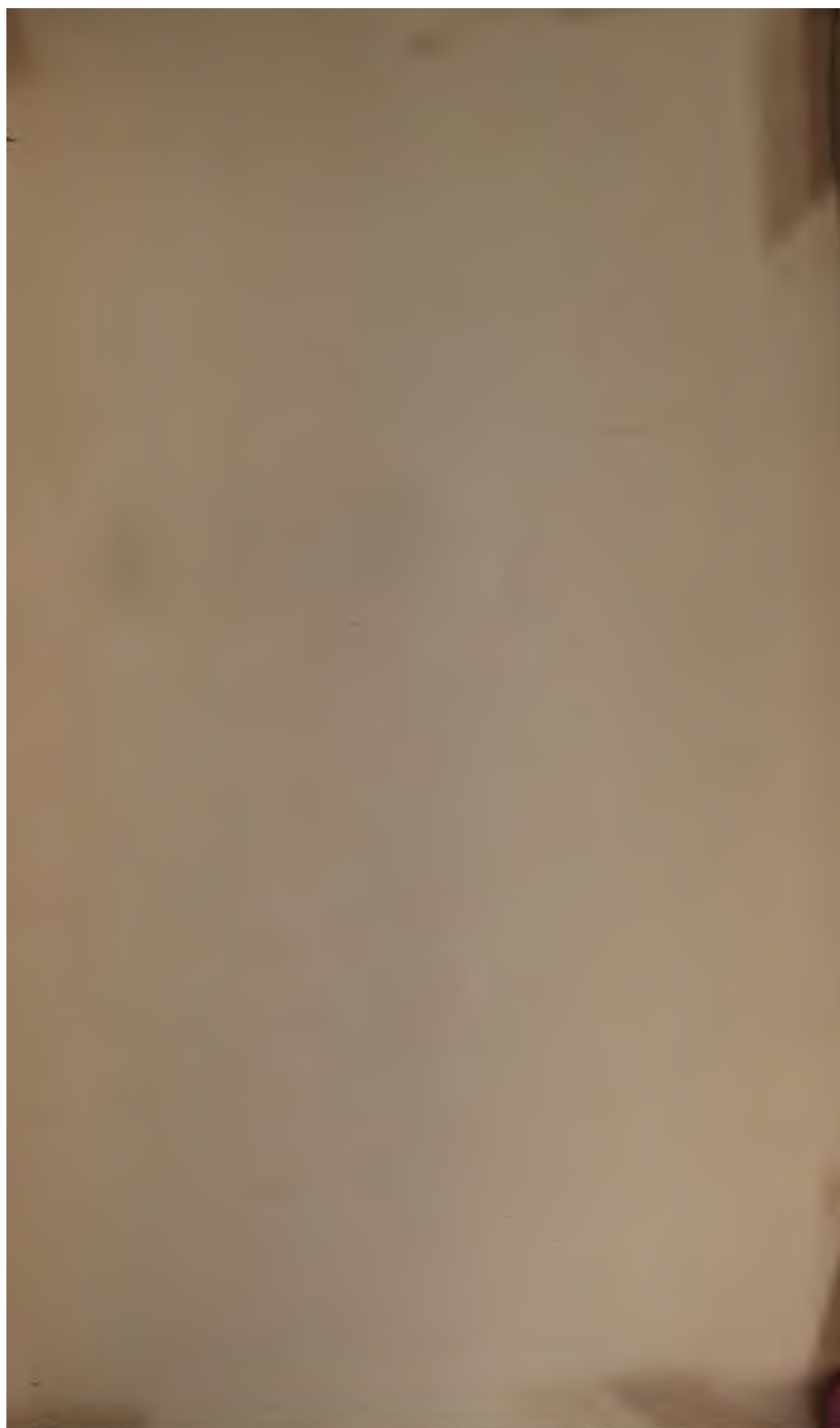
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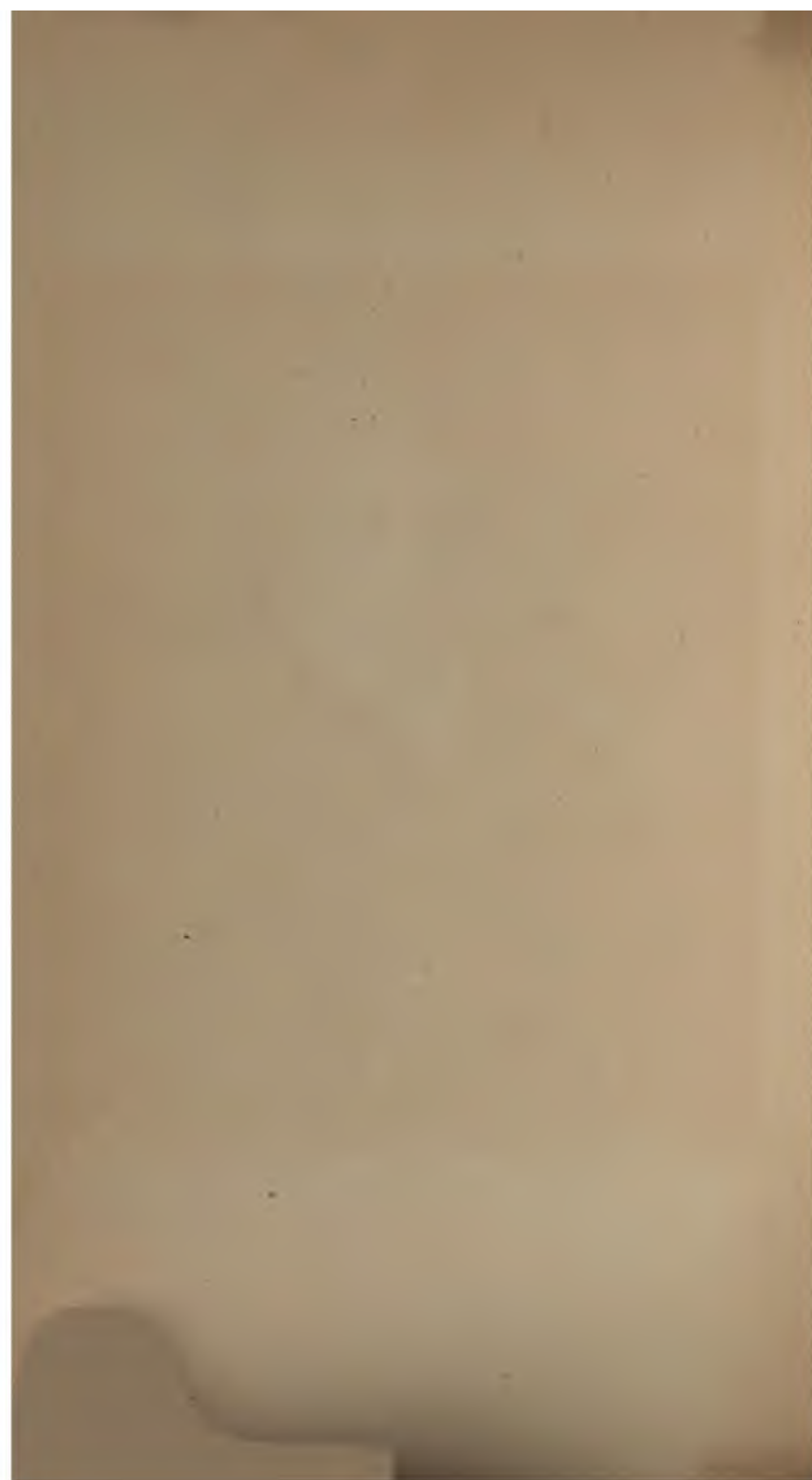
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LATE KIRCHTUS PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE
IN THE UNIVERSITY OF PENNSYLVANIA.

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No. 1.

ART. I.—*Correspondence with the late Doctor Jonathan Pereira, of London.* By STEPHEN W. WILLIAMS, M. D., late of Deerfield, Massachusetts; now, of Laona, Winnebago County, Illinois.

THE following correspondence may be interesting to some of my professional brethren in the United States, in an historical point of view, independent of some of the facts it may communicate. Some of these facts may not be as familiar to all of them as may seem desirable. An extended and reliable medical history of the United States of North America has not yet been published, even if it has been written. These letters may aid in preparing such a history, during at least a portion of the time in which we have existed as a nation. Some of the articles of the correspondence are undoubtedly more minute than any which have heretofore been published, particularly the remarks on cod-liver oil and turpentine. Great improvements and discoveries, too, have been made on the subject of medicine since the close of the correspondence in 1843, which others can take up if they please.

Science, and particularly medical science, has much to deplore in the death of Dr. Pereira. He died in London, in January, 1853, aged forty-nine years. He was undoubtedly one of the most indefatigable students which the world ever saw, as his numerous writings will amply testify. He was born in London, May 23d, 1804. While quite young he evinced a great love of books, and before the age of fifteen he received a good preparatory education, and was apprenticed at that age to an apothecary in London, where he lived about three years. In this period of time for his

benefit in dealing out medicine, he formed a vocabulary of Latin terms, which was of great use to him. After this, he became a pupil of the Aldersgate General Dispensary, under the instruction of Clutterbuck on chemistry, materia medica, and the practice of physic; of Birkbeck on natural philosophy; and Lambe on botany. He afterwards, at the age of twenty-two, succeeded Dr. Clutterbuck as a professor in this institution. At the age of eighteen, after attending the lectures in the surgical department of St. Bartholomew's Hospital, he was admitted to the office of apothecary at that dispensary. Here he instructed a private class of medical students, and gave great satisfaction to them. For their benefit, he published a general table of atomic numbers, and an introduction to the Atomic Theory, and also several small prescripts. Soon after his appointment to the chair formerly occupied by Dr. Clutterbuck, he set about collecting materials for his learned work on *Materia Medica*, which has since given great fame to his immortal name; and the industry with which he pursued these investigations was unbounded. The *London Lancet* says: "He studied the ancient fathers of physic, and made himself master of the literature of the subject from the earliest period of history. He collected the works of English writers, and he undertook the study of French and German, in order that he might read those of the Continent. At that time he devoted his whole energies to the subject, and worked for about sixteen hours a day. He was accustomed to rise at six in the morning, and to read, with but very little interruption, until twelve at night." Whoever reads his *Tabular Views of the History and Literature of the Materia Medica* from the year 1729 before Christ to the year 1851, a period of three thousand, six hundred years, will be astonished at the great extent of his researches. He has examined the writings upon this subject on Egyptian, Assyrian, Chinese, Hindoo, Greek, Roman, or Italian, Persian, and Arabian medicine; the early Christian writers on medicine during the dark ages; and also those of Great Britain, France, Germany, Holland, Scandinavia, including Norway, Sweden and Russia, Finland, Italy, Spain, Portugal, and the United States of America. These works must embrace a great many thousand volumes. His great work on *Materia Medica* is a perfect encyclopedia in itself; in two large volumes, royal octavo, very fine print, containing about 1800 pages. It gives the history of every article on the subject of any

kind of value up to the time of his death in 1853, and it is probably the largest, fullest, and most satisfactory work on the subject ever published. One would think that it would have been the labor for years of many industrious and learned men; and yet it has all been accomplished by the untiring industry and perseverance of one man in less than twenty years. This great work has passed through three editions since the year 1839, in London, and I think in the United States. A considerable portion of this immense labor was published in the *Medical Gazette*, of London, in seventy-four lectures, which he delivered in the London Hospital, in which he had the chair of chemistry, in 1835 and 1837. They gave him great reputation as an author; and they were translated into the German language, and republished in India. These lectures were republished in the year 1839, under the title of *Elements of Materia Medica*. The work was in so much demand, that the whole of the first of it was published before the second could be fully prepared for the press. The second edition was published in 1842, and the third, with enlargements and improvements, was published soon after his death.

During the course of his life, he curtailed and gradually suspended his course of lectures, on account of an increase in his professional business; and in 1851, after having been assistant physician in the London Hospital, he was appointed full physician in that institution. In 1842, he published, simultaneously in London and in the United States, his unequalled work on *Food and Diet*. This work was published in this way in both countries in anticipation of the desired international copyright law. I think he first suggested to me the idea of republishing this invaluable work in the United States at the same time that it was published in Great Britain. I recommended to him, as an American editor, my friend, Dr. Charles A. Lee, of New York; and he engaged him to take notes upon the work, which shortly after appeared from the press at New York. Some account of these transactions may be found in our correspondence.

The honors which were conferred upon him by the following learned institutions will show the estimation in which he was held by the scientific world, and particularly in his own country—viz: Doctor of Medicine; Fellow of the Royal Society; of the Royal Linnæan Society; Licentiate of the Royal College of Physicians in London; Member of the Royal College of Surgeons; Fellow of the

Medical and Chirurgical Society; Corresponding Member of the Society of Pharmacy of Paris; Honorary Member of the Pharmaceutical Society of Great Britain; Examiner of Materia Medica and Pharmacy to the University of London; Assistant Physician to, and Lecturer on Materia Medica at the London Hospital; Physician to the London Hospital, &c. &c.

A friend of mine writes me that "Dr. Pereira is seven feet high, and the handsomest man in all England. He is, besides, the most eloquent and interesting lecturer in Europe."

The editor of the *Lancet* says, soon after his appointment as physician at the London Hospital, in the year 1851: "He had now reached the summit of his ambition; his reputation as an author was established, and the rewards of industry were falling thick about him. He was a Fellow of many scientific societies; he was in constant communication with the learned of all countries; he was intimately connected with many of the great institutions of this metropolis, and was, in fact, the brightest ornament; he had collected around him a large circle of friends and admirers, and he saw before him the prospect of wealth and happiness. In the midst of these, however, he was stricken down, and that so suddenly that he had hardly time to take leave of those who were about him. He died on the 20th of January, 1853, aged forty-nine years; and within one week of health and hope he was placed in his last resting-place. His funeral took place at Kursalgreen, on the Thursday following, in the presence of a large number of friends and pupils, who mourned in silent grief."

LETTER I.

DEERFIELD, MASSACHUSETTS, UNITED STATES OF AMERICA, July 13, 1840.

TO JONATHAN PEREIRA, Esq., M. D., F. R. S., & L. S., London.

DEAR SIR: Although an ocean rolls between us, and although we are subjects of different governments, yet science is confined to no age, and is bounded by no climate; and although you and I are personally unacquainted with each other, and you may have never heard of my name, yet I can assure you, sir, that yours is familiar to me. I trust you will pardon me if I spend a moment in letting you know something about the present state of medicine, and the medical institutions of the United States of America. I do this with the more freedom as our respective countries are at peace,

and the inhabitants thereof are in a state of most perfect and endearing friendship, speaking the same language, and descended from the same Anglo-Saxon blood. I, too, sir, wish to know something more of the medical state of Great Britain than I know now. Will you pardon me for the liberty I have taken?

You and I, sir, are engaged in much the same pursuits, in the noble profession of medicine. You are, or have been engaged as Professor and Lecturer on *Materia Medica* and Pharmacy in the celebrated Aldersgate school of medicine, and are author of that renowned work, *The Elements of Materia Medica*, some parts of which, I understand, have been published in the *London Medical Gazette*. I have never had the pleasure of seeing your work, though I perceive, in a review of it, that it is highly extolled in our standard medical periodicals. I, too, sir, have been engaged as a Professor and Lecturer on *Materia Medica*, Pharmacy, Medical Botany, and Medical Jurisprudence in four of our most respectable medical colleges in the United States—viz: in the Berkshire Medical Institution in Massachusetts; in the College of Physicians and Surgeons in the Western District of the State of New York; in the Willoughby University of Lake Erie, in Ohio; and in Dartmouth Medical College in New Hampshire. I have engaged to give another course of lectures upon Medical Botany and Medical Jurisprudence in the latter institution this fall. My course upon Medical Botany is very full upon the indigenous medical plants of America. I have between three and four hundred colored plates of the most important medicinal plants in this country, with which I illustrate the subject to my classes. The United States, embracing almost every variety of climate, are peculiarly rich in medicinal plants; still the field has been but little explored. A few botanists have described many of our plants with a great deal of perspicuity and accuracy. Some are now engaged in the field with untiring assiduity, such as Eaton, Gray, Torrey, Carson, Bigelow, Rafinesque, and many others. Some have already published splendid Medical Floras of our country, which do them immense credit. Bigelow's, of Boston, Massachusetts, *Medical Botany*, with splendid colored engravings; Barton's, of Philadelphia, *Medical Botany*, and his *North American Flora*, are three of the most superb works, with colored engravings, of any yet published in the United States; but they scarcely extend beyond three hundred plates. *Michaux's Forest Trees of America*, describing and giving colored plates of the one hundred and fifty-four forest trees of this country, is indeed splendid. These are nearly the whole of the large works, with colored plates as large as nature, which have heretofore been published here. The country is yet too young and too poor to sustain them, though we are rapidly improving in this respect. We have numerous smaller works, and among the rest, I must not forget to mention that of Rafin-

esque, in two volumes duodecimo, with plates. A prospectus has been issued within a year or two by my friend, Dr. Charles A. Lee, of New York City, assisted by some of the most eminent botanists in the country, for publishing the medical history of every important medical plant in the United States, from the Gulf of Mexico to Canada, with an accurate wood-cut representing the plant. I have engaged to assist him in the undertaking, but I fear the work will fail for want of patronage. It is a vast undertaking, as there have already been discovered from six hundred to eight hundred medical plants in our Union. A good many of them have been found in my immediate neighborhood, and I have paintings of very many of them, executed by my wife and daughters.

In the other branches of natural history, which are collateral, we have been more fortunate, particularly in ornithology. We can boast of two works, which are said to be as splendid as any which have ever been published in the world. I need only mention the publications of Wilson and Audubon, in proof of the correctness of my assertion. The latter has been exhibited in your metropolis, and in the principal cities on the continent of Europe. The price of Wilson's has been about one hundred and fifty dollars, and of Audubon's, eight hundred dollars. Still, these works have been sustained by the Americans, and the whole of the latter work is nearly out of print.

In one thing, perhaps, the Americans are too lavish, and that is, in the multiplicity of our medical colleges. Many of them, however, are well sustained. We have between twenty-five and thirty medical schools in a population of about sixteen millions. In these schools are annually instructed between twenty-five and thirty hundred students, in all the branches which are taught in the European medical schools. The University of Pennsylvania, at Philadelphia, stands at the head of the list as to numbers, having had, last session, four hundred and fifty medical students on her catalogue. This is one of the oldest schools in the country, long sustained by the talents and industry of our venerated Rush, the learned Coxe, &c.

We have about thirteen medical periodical journals in the United States, including a republication of Johnson's *Medico-Chirurgical Review*, which we think a valuable work, and I perceive you also think so in England. Some of these journals are ably conducted and well sustained, and among them are the *American Medical Journal*, the *Boston Medical and Surgical Journal*, the periodicals of Bell and Dunglison, &c. &c. Some others are ephemeral. We have had, and now have, several talented writers in this country.

Among those who have passed away from us, I hope to a better world, I take great pleasure in mentioning the names of Rush, the American Hippocrates; Barton, Dorsey, the elder Warren,

Eberle, Godman, Hosack, &c. Among the living, I may be permitted to mention the names of my venerated friend, Dr. John Redman Coxe, of Philadelphia; my intimate friend, Dr. Valentine Mott, now residing in Paris, France; Stevens, Gibson, the Jacksons, Dewees, Bigelow, Drake, and more recently Gross, Payne, Hays, Lee, Parrish, &c. I could fill a volume, were I to attempt to enumerate all our medical writers, with a list of their works. My own writings, except a volume upon Medical Jurisprudence, and a volume of Biography, and except what are in my lectures and manuscript place-books, are printed in detached papers; five or six are published in the *American Medical Journal*, from 1830 to 1835. About eighteen or twenty papers in the *Boston Medical and Surgical Journal*, from 1834; in the *New England Journal of Medicine and Surgery*, &c. &c. I happen to have one or two weekly numbers of the *Boston Medical and Surgical Journal*, containing some of my communications, which I herewith forward you.

We are doing something in the line of medical associations, though we have no national medical society. I have, however, had a correspondence with Dr. Coxe, Dr. J. V. C. Smith, of Boston; Dr. Lee, and several other distinguished physicians, upon the subject, and hope the object may yet be accomplished. Each individual State is almost an independent sovereignty, and every State manages its own concerns, in relation to the subject of medicine, in its own way. Some States have laws regulating the practice of physic, and some have none. Those States which have laws upon the subject, require that the candidate for practice shall be examined by a Board of Censors, and if they approve of him, and find him qualified, they license him; if not, they reject him, and it is considered disgraceful for him to practice. Nor can he have the benefit of the law for collecting his debts. In some States he is fined twenty-five dollars for every offence of practising without license. The general requirements for license, are a degree of Doctor of Medicine, from some of our respectable medical colleges. Before a person can receive that degree, he must be well acquainted with the Latin, and in some instances with the Greek language; he must have a good knowledge of mathematics and natural philosophy, or he must be prepared to enter some of our literary colleges, or he must actually have received the degree of A. B. from some of those colleges, before he can enter on the study of medicine. Afterwards he must have studied three full years, and in some instances four years, with a regular physician, and must have attended at least two full courses of lectures in some of our medical colleges before he can be admitted to an examination for a degree. The State Medical Society of Massachusetts, one of the oldest and best regulated medical societies in the United States, has done much to bring about an elevated standard in the profession here, and several respectable medical

societies have been established upon a similar plan in several of the other States. I think we shall ultimately establish a national medical society.

I have thus, sir, given you a very brief and imperfect sketch of the state of medical affairs in the United States of America at the present time, and in it, perhaps, I have too frequently alluded to myself. I hope you will pardon my egotism. If it would afford you any pleasure, I would enlarge upon any of the points upon which I have touched, to an indefinite extent; and if you wish, I will do it with great pleasure. If it would afford you any gratification, I would send you a list of some of the most important medicinal plants growing in this part of my country. I wish to inquire of you, if I can do it without troubling you too much, the state of the profession in England, and particularly I should like to know the position of medical botany there, with an account of some of the splendid botanical works with colored plates which have been published there. In former days I heard much of Thornton's splendid national work, through the medium of the *London Medical and Physical Journal*, which I formerly took, and through his splendid medical extracts, which I own. I also wish to inquire concerning Sowerby's, Curtis's and Loudon's Botany, with colored plates. I have seen them all, but suppose some of them are out of date now. What later splendid works have recently been published in England on this subject? Has anything later been published in your country upon *Materia Medica* than Thomson's, which I have just read, and yours, which I have not seen? I hope I shall yet be able to find yours on the shelves of some of our enterprising booksellers. Has anything more recent been published in England upon the subject of Medical Jurisprudence, than the works of Smith, Christison and Chitty? The valuable work of my friend, Dr. T. R. Beck, of Albany, in New York, I perceive has been republished in England, and has passed through seven or eight editions here. Indeed, sir, without particularizing, I would be glad to know your opinion of the state of medical science in England. I will endeavor to repay you with American intelligence.

Pardon, respected sir, this intrusion of a stranger. Nothing, I assure you, would give me greater pleasure than the belief that this epistle will be worthy of an answer, and that you will condescend to reply to it. Hoping that you will, I subscribe myself, with much esteem,

Sincerely yours,

STEPHEN W. WILLIAMS.

Reply of Dr. Pereira.

LONDON HOSPITAL, London, Nov. 24, 1840.

MY DEAR SIR: Your long, but very interesting letter, of the 13th July, 1840, came to hand quite safely, as well as the weekly

numbers of the *Boston Medical and Surgical Journal*, containing some of your papers. For your polite attention, as well as for the immense quantity of highly interesting matter contained in your letter, I beg leave to offer you my best thanks. I have derived much gratification, and no little useful information on the state of the medical profession in the United States, from the perusal of your epistle. I regret that I have not had the pleasure of seeing your relation, the Rev. John Williams. I presume he has not visited England, as your letter came by post, and judging from the long period which has elapsed between the date of your letter and the time which I received it, it must have been sent to this country by a circuitous route.

I regret that want of time, and various other circumstances, will prevent me entering into the minute details respecting British medicine, which you have done respecting American medicine. I have just finished the second and final part of my work on the *Materia Medica*. To that I have appended a table, historical and bibliographical, of *Materia Medica*, a copy of which I have much pleasure in inclosing you. I shall feel greatly obliged if you will send me notice of any omission which I may have made, or any injustice which has thereby been committed respecting the state of American pharmacology. I will not fail to acknowledge publicly the source whence I derive any information you may send me, of which I may hereafter make use. Furthermore, you will confer a benefit on pharmacology, and on me a personal favor, if you will, at your leisure, forward me any articles on this department of science which may pertain to your district, particularly such as has reference to indigenous medicine, &c. What fishes yield isinglass in your part of America? I know not how far you are from the coast, and therefore what opportunities you may have for obtaining information respecting the cod-fisheries. I am desirous, however, of knowing how cod-oil is extracted from the liver of the animal. I suspect the account given by Pennant does not apply to the practice of the present day. This oil is acquiring no little celebrity on the continent of Europe, as a remedial agent. The German writers describe two kinds of it, one pale (*oleum jecinoris aselli album*), the other reddish-brown (*oleum jecinoris aselli fuscum*, seu *empyreumaticum*). I find that the London dealers know only the latter kind, and I therefore want information on the subject from some person residing in the neighborhood of the cod-fisheries. Far as you may be from them, you are nearer to them than any person with whom I have the pleasure of corresponding; hence I take the liberty of begging your attention to this topic.

I have not a list before me of the medical plants produced in your district, or I should, probably, have some questions to put to you on them. The following, however, occur to me as points respecting pharmacology which I want resolved: In what part

of America is the *oil of wintergreen* (recently found in the London market) procured? Do you know of any works containing a drawing respecting the mode of extracting the turpentine, as practised in Carolina? What poisonous plants peculiar to your continent are found in your neighborhood? Is your contemplated work on the medical plants in America begun?* I look forward to it with some interest, and I trust some of your enterprising publishers will not fail to carry it on. We want greatly in Europe some work of this kind to give us some account of what our professional brethren, and national relatives in the United States have in their extensive territories. The pencil of Mrs. Williams and her daughters will be peculiarly valuable to you in conducting such a work; and I beg to congratulate you on the advantage they confer on natural history and medicine by their efforts. Pray present my compliments to them, and very best wishes for their health and success in their very praiseworthy occupation.

You are perhaps aware that the British Government have established in London an University. Thinking you may like to see some of our examination papers, I send two or three. I have also inclosed you an introductory lecture to a course of Forensic Medicine, by my much lamented friend, the late Dr. Cummins, whose work on Infanticide, I dare say, you know.

Believe me ever, yours faithfully,
JONATHAN PEREIRA.
(TO BE CONTINUED.)

ART. II.—*Case of Eclampsia Parturientium*. By WILLIAM
JOHNSON, M. D.

W. M. accomplished her fifth accouchement on the 2d of Aug. 1854. My son, Dr. Thomas Johnson, saw her about 11 o'clock A. M. It was a twin case. Her labor with the first child was easy and natural. Some time after the expulsion of the first child, severe eclampsia set in. My son bled her largely, and the fit passed off without very profound stupor. The duration of the fit was about twenty minutes, and in it there was much muscular convulsion and frothing at the mouth; in these convulsive movements, the facial muscles were also involved. After no great interval, a second fit occurred, and was equally severe with the

[* This has reference to Dr. Lee's work on the subject.—S. W. W.]

first. She was again bled freely, and lost in the two bleedings about sixty ounces of blood.* This quantity of blood was fully as much as she could bear to lose. Cold applications were also freely used to her head. This woman is tall and slender, and in her ordinary condition by no means of a plethoric habit. Her feet were œdematous. My son now sent for me, with a request that I should bring my obstetrical instruments along with me. The patient resides five miles from me, and it was about 2 o'clock P. M. when I first saw her. She had had her last fit about twenty minutes before my arrival. I found the membranes pertaining to the second child entire and tense, and I immediately ruptured them. The head of the child now rested upon the floor of the pelvis, with the occiput behind the symphysis pubis. I applied the forceps, as she was threatened with another fit. The position of the child's head, and the extreme dilatation of the mother's parts, rendered the application of the instrument very facile. Delivery was effected in a few minutes, but the child was asphyxied. There was no pulsation in any part of the cord. It is unnecessary here to state the means used for the resuscitation of the child, as they all proved abortive.

The children were much above the average size of twins. They were of different sexes. The first one, which is a female, is a thrifty child. Soon after the removal of the last child, I introduced my hand into the womb for the removal of the placenta. The first one I found to be encysted; the cyst was readily dilated, and the placenta removed. The hand was again introduced for the removal of the second placenta. This I found to be adherent to the uterus, over a space as large as the palm of the hand. The adhesions were carefully broken up, and this placenta also removed. The broad bandage was now applied, and the patient adjusted in bed. She was languid and disposed to syncope, and requested the attendants to fan her. We soon discovered that one of the bandages had slipped off her arm in removing her into the bed; she had lost about four ounces more of blood. The bandage was reapplied, and I gave her immediately a teaspoonful of whiskey—the only article of the kind which came to hand—

* My son says that I have greatly underrated the quantity of blood which he drew from this patient. She had three fits, and he bled her largely each time, and a considerable quantity of blood was lost which could not be collected in the basin.

and a teaspoonful of strong camphorated tincture of opium, and repeated the whiskey very soon. The effect was very happy, and she soon rallied. The liquor was repeated two or three times, and then discontinued. My son remained with the patient during the night. No unpleasant symptoms manifested themselves, and he left her doing well on the following morning.

I found both her and the child doing well the next day, and so well that I thought another visit to be unnecessary.

My son met with this patient about two months after my last visit, at one of her neighbors', and found her to be very anæmic. A short course of *ferri per hydrogen* soon, however, restored her to ruddy health, and both mother and child are now doing well.

Remarks.—I have related this case because it possesses some novelty, and affords material for reflection. As to the propriety of instrumental interference in the case, I think that there can be no reasonable doubt, although the expulsive action of the uterus was sufficiently strong to have relieved the woman. Still, she was in momentary danger of a renewal of the fits, and I believe that it is an obstetrical axiom, that the sooner the uterus can be *safely emptied*, in eclampsia, the better it is for the patient. The same reasoning which guided me in delivering the child, influenced me in the deliverance of the placenta. And the disclosures which were made by the hand *intra uterum*, confirmed the correctness of my practice: neither placenta could have been discharged by uterine effort.

The death of the second child can in no way be attributed to the forceps. Less extractive force I never applied in the use of the instrument.

In the treatment of puerperal convulsions, the lancet, by the majority of the most enlightened and judicious practitioners, has been considered the sheet-anchor of safety. Conspicuous among these, is the late Professor Dewees. He carried venesection to its utmost tolerance; in one instance, abstracting one hundred and forty ounces of blood in a very short space of time. But in no morbid condition whatever, will the system bear with impunity such large spoliations of blood, as in vascular congestion of the encephalon. The works of systematic writers, and the periodicals of the day, evidence abundantly the correctness of the practice. The validity, however, of the generally-received patho-

logical views of this disease have been called in question, and the practice, based on those views, considered to be too ultra and routine. Dr. McGown, of Mississippi, in the first volume of the NEW JERSEY MEDICAL REPORTER, has furnished us with a case of eclampsia successfully treated by sulphas quiniæ, in large doses, in combination with sulphas morphiæ. His case was one of *post-partum* disease, and, although his reasoning is ingenious, it does not afford sufficient data to justify too much departure from established practice. For my own part, I have never seen a case of genuine *ante-partum* eclampsia, where the lancet could have been safely withheld. Hysteria, it is true, does occasionally simulate the genuine disease, but the diagnosis generally is easy, and the lancet, I believe, is never necessary here. In the case which I have related, the lancet was carried as far as was compatible with the safety of the patient; its effects were certainly most happy for her.

En passant, let me briefly notice the last therapeutic agent employed after the patient was put in bed, namely, the alcoholic stimulant. The reader may stare at the small doses of the article employed; they may seem disproportioned to the exhaustion of the patient—she had lost a large quantity of blood both from the arm and from the uterus. Small as the doses were, it is but seldom that I use alcoholic stimulants at all. In a practice of more than forty years, in which I have seen as much obstetrical practice as falls to the lot of the country practitioner, I honestly believe that I have not, in all that time, administered internally half a pint of these articles in all my cases put together. It has often struck me with force that alcoholic stimulants have been sadly abused in obstetrical practice. If my own practice in this department of our profession possesses any merit, it is simply this: I have never been an inactive spectator whilst my patients were being exsanguined by hemorrhage, and death staring them in the face. Whilst we have at command plumbi acetas, secale cornutum, cold water, the tampon (in adapted cases), and our hands, the necessity for the use of alcoholic stimulants should *very seldom be created*; and I wish here to enter my protest against the *abuse* of these articles in the practice of midwifery.

WHITEHOUSE, December, 1854.

ART. III.—*A Case of Pregnancy simulating Ascites.*

By CH. F. J. LEHLBACH.

THROUGH the kindness of my esteemed preceptor, Dr. John F. Ward, I am enabled to communicate the following case, which occurred in his practice, some weeks ago, and which, I think, may prove interesting to the profession.

Mrs. R—, native of Germany, æt. 40, had previously been of good health, though her constitution was somewhat enfeebled by ten confinements. About five months ago, she states to have lost her menses, which she attributed to pregnancy. Nothing unusual occurred, until about six weeks ago, when she observed the abdominal enlargement to become much more extensive than she was used to observe in her previous pregnancies. She paid, however, no particular attention to this, until a few days afterward, when the distension of her abdomen had increased to such an extent as to disable her from walking about, and to cause difficulty of breathing.

The patient now became alarmed, and sent for a physician. The physician, Dr. Ill, who was called in at that time, detected well-marked fluctuation over the whole abdominal region, which was not discoverable, however, some two inches above the pubic region. The pulse was small and frequent, and the patient suffered greatly from difficulty of breathing. The abdomen was somewhat tender on pressure, bowels constipated, urine scanty and high colored, and she was troubled with excruciating pains in the small of her back, which greatly disturbed her sleep. The stethoscope was applied over the abdomen, but no sound of the action of the foetal heart could be obtained. The woman, however, stated positively that she had distinctly and unmistakably felt motions on several occasions. There was no trace of oedematous swelling of the feet or legs.

The case, under these circumstances, was diagnosticated as one of ascites, with the probable presence of pregnancy, and consequently sudorifics, diuretics, and the whole array of hydragogues, cream of tartar and digitalis were at once brought to bear upon the case, but without apparent effect. The woman grew worse every day, and the abdomen, as well as the general condition of the patient, commenced to assume an alarming aspect. At this

juncture, a consultation of the three attending physicians (Drs. Ward, Ill, and Nadler) was held, and the question was seriously discussed, whether it was necessary to operate, as no other chance seemed to be left to get rid of the dropsical effusion. It was, however, resolved to wait, and the maxim *expectare et observare*, proved a very good one in this case.

Three days after the consultation, the husband of the patient called upon my preceptor, asking him to perform the operation of paracentesis at once, if deemed necessary, as his wife could not any longer suffer in the way she did.

When Dr. Ward arrived at the place, he found, in addition to the above, that the patient suffered much with paroxysms of pains, which seemed to indicate approaching labor. On examination, the os uteri was found to be dilated to the size of a two-shilling piece. The membranes were beginning to protrude, and when they ruptured, there escaped about four gallons, by measurement, of liquor amnii, and soon the patient was delivered of stillborn twins, about five months advanced.

The abdomen at once assumed its natural size, and there was no trace of serous effusion anywhere. The woman is now in as good health as ever.

What a terrible blunder, if paracentesis had been performed in this case! Not only would peritonitis have probably been excited, but the risk of wounding the uterus would have been very great. Still, the case presented such features, that the most acute practitioner might have been led into error. There was even the question, whether pregnancy existed or not.

This case also presents some interesting features in reference to diagnosis. It proves that an enormous, or rather abnormal, quantity of liquor amnii may render the walls of the uterus so thin that fluctuation may be produced. But, at the same time, the fluctuation did not extend as far down as usual in cases of ascites, probably on account of the more unyielding nature of the cervical portion of the uterus. This case affords another illustration of the golden rule, not to decide rashly, in cases which seem to require an operation. Had an operation been performed, as was suggested, it may easily be imagined what the consequences would have been for the patient, as well as for the reputation of the medical attendants.

BIOGRAPHY.

ART. IV.—*Biographical Sketch of the late Nathaniel Chapman, M.D.*

By S. W. BUTLER, M. D.

[NOTE.—In preparing the following memoir, the author has taken great pains to obtain reliable facts from authentic sources, and he submits it to the public, confident in its general accuracy, and in the belief, too, that it is the most complete biographical memoir of Dr. Chapman that has ever been published. The facts are drawn principally from the following sources: 1. Memoranda politely furnished the author by different members of Dr. Chapman's immediate family. 2. From biographical notices of Dr. Chapman, drawn up by his nephew, John B. Biddle, M. D., from data furnished him by Dr. Chapman in his own handwriting, and published in the *Medical Examiner*, vol. 1, New Series, p. 322, 1842, and in the same work, vol. 9, New Series, p. 532, 1853. And 3. From "*A Discourse commemorative of Nathaniel Chapman, M. D., &c. &c.*, delivered before the Trustees, the Medical Faculty, and Students of the University of Pennsylvania, by Samuel Jackson, M. D., Professor of the Institutes of Medicine, October 13, 1854."]

PRECIOUS as is the memory of the dead to those who were connected with them in their lifetime by the ties of consanguinity—sacred to them as is every item of the personal history of the departed, the public has a right to share in the possession of these sacred items and this precious memory, when the subject of them, in his lifetime, was a public servant and benefactor. Impressed with this idea, the writer of this brief sketch has ventured to invade the privacy of family history; to lift the curtain that hides the past from view; to recall to the minds of the living memories of the departed, which are treasured in the deepest recesses of the heart, that he may do something to perpetuate the memory of one who was long loved and respected; not only in the wide circle in which he moved in the city of his adoption, but by very many who cherish kindly remembrances of him, though long years have passed away since they knew him, and though mountains rise, and oceans roll between them and the place where sleep his ashes. "The living know that they must die;" and the voices of the departed, who, in their lifetime, were benefactors to their kind, call on them to improve their time and opportunities, if they would have their lives held up as examples to succeeding generations, and leave behind them memories that shall be cherished.

DR. NATHANIEL CHAPMAN was the second son of George Chapman, Esq., of Virginia, and was born on the 28th of May, 1780,* at the family seat, Summer Hill, then in Fairfax County, on the bank of the Potomac River, about midway between the present site of Washington City and Alexandria, Virginia. His family was of an old and respectable English stock, his paternal ancestor, who came to Virginia with the first colony, having been a captain of cavalry in the British army, and the youngest son of a cousin-german of Sir Walter Raleigh. The family settled on the river Pomonkey, some twenty miles from Richmond; but the branch from which the subject of our memoir is descended migrated about a century and a half ago to Maryland, and fixed itself on an estate on the banks of the Potomac, nearly opposite Mount Vernon, which is still, we believe, in their possession. His father, however, went to Virginia upon his marriage, where he afterwards remained. His mother, Amelia Macrae, was a daughter of Allan Macrae, of Scotch descent, who early settled in Dumfries, Virginia, and employed his time and capital in mercantile pursuits, and left a large estate to his children.

Very little is remembered of the earlier years of the doctor's life, except that in his very boyhood he manifested a fondness for books, and a taste for literature, and soon exhibited some decided poetical talents: for when but eight years of age, it was thought by his family that he had successfully imitated some of the early efforts of Pope, and paraphrased some of the odes of Horace. Dr. Chapman was early placed at school, and after receiving a common elementary education in the neighborhood of his father's residence, he entered the classical academy of Alexandria, founded by Washington, where he passed six years. He subsequently spent a short time in two colleges, though not long enough, as he has remarked, to owe either any obligation.

While yet quite young, he became a contributor, over the signature "Falkland," to the pages of the *Portfolio*, a literary journal of high character, published in Philadelphia, and edited by the late accomplished and learned Joseph Dennie, Esq.

Dr. Chapman's medical education was commenced in the office

* This is according to Dr. Chapman's own memoranda, but his brother, S. F. Chapman, Esq., of Washington City, in a letter to the author, dates it two years earlier, May 28th, 1778—which is most probably correct.

of Dr. John Weems, of Georgetown, D. C., with whom he remained a year or more. Dr. Weems was a gentleman of great professional eminence, and a near relation of Dr. Chapman's family. His studies were continued with Dr. Dick, of Alexandria, whose name is not unknown in the annals of medicine. He went to Philadelphia in the autumn of 1797, where he became a private and favorite pupil of the late Dr. Benjamin Rush, and went through the regular course of study in the medical department of the University of Pennsylvania, where he graduated in 1801. The subject of his inaugural essay was *The Canine State of Fever*. It was written at the request of Dr. Rush, in answer to an attack upon his favorite theory of the pathology of that disease. Dr. Chapman had previously prepared another thesis on the *Sympathetic Connections of the Stomach with the rest of the Body*, which he afterwards read before the Philadelphia Medical Society. This contained the substance of his peculiar views on fever and other diseases, as well as the *modus operandi* of medicines. Immediately after graduating, Dr. Chapman went to Europe to complete his medical studies.

He remained about three years abroad. The first year was spent in London, as a private pupil of the celebrated Abernethy. The University at Edinburgh, however, being the most celebrated of the British schools, he went thither, completed his studies, and took a degree. During his sojourn in Edinburgh, he became intimate with many of the eminent persons of those days, among whom may be mentioned Dugald Stewart, the Earl of Buchan, and Mr. (afterwards Lord Chancellor) Brougham, then a fellow-student. Although Brougham was then quite young, Chapman perceived in him the elements of greatness, and in a biographical sketch of him, published in 1809, he predicted his future eminence.

Before his departure from Edinburgh, Lord Buchan gave him a public breakfast, on the birthday of Washington, at which a number of distinguished persons were present, when he took occasion to intrust him with an interesting relic, valuable from a double historical association. Lord Buchan had presented to General Washington a box, made of the oak that sheltered Sir William Wallace, after the battle of Falkirk, with a request to "pass it, in the event of his decease, to the man in his country

who should appear to merit it best." General Washington, declining so invidious a designation, returned it by will to the earl, who committed it to Dr. Chapman, to be delivered to Dr. Rush, with a view to its being ultimately placed in the cabinet of the college at Washington, to which General Washington had bequeathed a large sum.

It was the intention of Dr. Chapman to have spent a longer time abroad, and to have visited some of the continental seats of medical learning. But the unsettled state of affairs existing in Europe, and the earnest solicitations of a friend who desired his company home, induced him to return earlier than he expected.

On his return to this country, his former preceptor, Dr. Weems, proposed to him to enter into partnership with him in the practice of medicine at Alexandria; but thinking that Philadelphia offered the best chances for success, he concluded to settle in that city. It was in 1804 that he began his career as a practitioner in Philadelphia. His attractive manners, and reputation for talent, secured his almost immediate success in practice. He became the favorite physician of a large portion of the higher classes in that city, a position he continued to occupy as long as he remained in active practice.

The same year, he also began his career as a teacher, by giving a private course on obstetrics, which proved to be very popular.

In 1808, Dr. Chapman formed a matrimonial connection with Rebecca Biddle, daughter of Col. Clement Biddle, one of the most prominent and distinguished citizens in Philadelphia. From this connection, during a period of nearly fifty years, he derived the highest degree of domestic happiness.

The same year, he became associated with Dr. Thomas C. James as an instructor in obstetrics, with whom he remained associated until, on the 29th of June, 1810, Dr. James was elected to the newly created chair of midwifery in the University of Pennsylvania. Dr. Chapman, however, continued his course of lectures successfully, and his connection with Dr. James was not disturbed by the event.

In 1813, the death of Dr. Rush took place, and Dr. B. S. Barton was transferred from the professorship of *Materia Medica*, in the University, to the vacant professorship of Dr. Rush, that of the *Institutes and Practice of Medicine*. On the 13th of August of

that year, at the age of 35, began Dr. Chapman's first official connection with the University as a professor, when he was elected to the chair of *Materia Medica*, left vacant by the transfer of Dr. Barton. This chair he occupied until, on the death of Dr. Barton, in 1816, he was unanimously elected to the Professorship of the Practice, Institutes, and Clinical Medicine; which position he held till he was removed by death, on the 1st of July, 1853. His last course of lectures was delivered during the winter of 1849-50, and to the writer there is a melancholy pleasure in the thought that he was one of the last students ever examined by him for a diploma.

Dr. Chapman received many testimonials of the regard and esteem in which he was held by the students to whom he lectured, and by his fellow-citizens. These are treasured by the family as pleasing reminiscences of the past. Among the first of these testimonials was a bust of himself, presented by one of the classes of the University soon after he began to lecture. The inscription on this bust is unfortunately lost. In the cholera epidemic of 1832, Prof. Chapman had charge of one of the city cholera hospitals, located at Twelfth and Locust Streets. At the termination of the epidemic, Dr. C., in common with the other physicians who had charge of hospitals, was presented by the city with a silver pitcher, in testimony of his public services. This pitcher, known in the family as "the cholera pitcher," contains the following inscription:—

TO NATHANIEL CHAPMAN:
THE CITY OF PHILADELPHIA,
GRATEFUL FOR HIS DISINTERESTED AND
INTREPID EXERTIONS
IN A PERIOD OF PUBLIC CALAMITY.
Transeat in exemplum.

The medical class of 1835, presented him with a valuable service of silver, consisting of two large pitchers, three waiters, and goblets. They bear the following inscription:—

PRESENTED BY THE MEDICAL CLASS OF THE
UNIVERSITY OF PENNSYLVANIA,
TO PROF. NATHANIEL CHAPMAN,
AS A TESTIMONY OF RESPECT FOR HIS EXALTED TALENTS,
AND OF GRATITUDE FOR REPEATED INSTANCES OF
DISINTERESTED FRIENDSHIP, AND UNSOLICITED FAVORS.
Forsan et hæc olim meminisse juvabit.

Not long after this, at the request of another class, Dr. Chapman sat for his portrait, which was painted by his friend, Thomas Sully, and was, at his own request, placed in the museum of the University.

There is another portrait of Dr. Chapman, painted by Nagle, in the museum of the medical department of Pennsylvania College, which by some is thought to be a better likeness than the former.

Besides his duties as professor in the University of Pennsylvania, Dr. Chapman performed other labors of a public character. In 1820, during a severe epidemic of yellow fever in Philadelphia, he, with Dr. Thomas Hewson, had charge of the City Yellow Fever Hospital. He also, for a long period, gave clinical lectures in the Hospital of the Philadelphia Almshouse. For nearly twenty-five years, also, he delivered a summer course of lectures in the Philadelphia Medical Institute. This institution, which is still in existence, is the oldest of its kind in the United States, and was founded by Dr. Chapman, in 1817, although he generously declined all participation in the fees, or control over the appointments to chairs.

Soon after his return from Europe, he published a work entitled, *Select Speeches, Forensic and Parliamentary*, with critical and illustrative remarks, in five octavo volumes, which attracted much attention. In 1817, first appeared his *Elements of Therapeutics and Materia Medica*, which went through seven editions, one of them surreptitious. This treatise long-maintained distinguished popularity among the works on *Materia Medica*, and now occupies a high rank as a book of reference. Of late years, Dr. C. refused to give his consent to the publication of new editions of the work, unless he could revise it. In 1820, he commenced the publication of the *Philadelphia Journal of the Medical and Physical Sciences*, which he continued to edit for many years. The Journal was undertaken with liberal views, the doctor never receiving any salary for his services. He was subsequently an occasional contributor to different periodicals.

Dr. Chapman filled numerous and honorable appointments in medical and learned societies. He frequently occupied the post of President of the Philadelphia Medical Society, in which he was a leading debater when the floor of that Society was a field in which the ablest members of the profession met in earnest

and often vehement discussion. He was the successor to Dupon-
ceau in the eminent distinction of the presidency of the American
Philosophical Society, and was a corresponding member of many
of the learned societies of Europe. Dr. C. wore these honors
meekly, and we believe never made the slightest display of them.

The above, we believe, comprises briefly the main *facts* in Dr.
Chapman's life. A few words in regard to him as a man, a phy-
sician, and an instructor will close this sketch.* Dr. Chapman
was the Sir Henry Halford of the United States. He was not
more distinguished for professional attainments than for courtli-
ness and vivacity of manner, wit, knowledge of the world, and
literary taste. His private character formed a marked contrast
with that of his friend and contemporary, Physick, with whom he
so long shared the first rank in the profession of Philadelphia.
Physick, who shunned general society, and was little known,
except in professional intercourse, had a reserved stateliness of
manner, from which he never unbent. Engrossed by his patients
and profession, he seldom entered into the every-day topics of
life, and is remembered only as the skilful surgeon and successful
operator. Chapman's temperament was cast in a different mould.
Eminently social in disposition, with a gayety of spirit that did
not flag with years, a wit, a punster, delightful as a companion,
and enjoying company, he, for a long period, occupied a position,
we may say, unrivalled in the society of Philadelphia. To these
brilliant qualities he united the kindest feelings. His wit was
without malice; he was frank, open-hearted, and open-handed.
It is not surprising then that he was individually as popular as
he was professionally eminent. He was emphatically the student's
friend. With his heart and his purse always open, he was ever
ready not only to impart sympathy, but more material aid when
it was needed. We remember to have heard, during our pupilage
in Philadelphia, that Dr. Chapman's generous nature was occa-
sionally taken advantage of by mendacious and unprincipled
students. If Dr. Chapman had a greeting more cordial, or a
grasp of the hand more friendly and earnest than another, it was

* Here the writer feels constrained again to acknowledge his indebtedness to
Dr. John B. Biddle. Much that follows is almost literally quoted from his article
in vol. i. new series, of the *Medical Examiner*, acknowledged in more general terms
in a note at the head of this memoir.

reserved for such of his pupils as were from his native State, Virginia, as he ever retained and manifested a decided preference for Virginia and everything Virginian. This preference, however, was by no means carried to the degree of exclusiveness, for he was as much a favorite with the Northern as with the Southern student.

As a practitioner, Dr. Chapman was distinguished as much for the charm of his manner in the sick chamber, as for skill and success in prescribing. His lively conversation and ever ready joke were often more effective than anodyne or cordial. Indeed, in cases of trifling importance, the doctor sometimes prescribed little else. In pleasant chitchat, both patient and physician seemed to forget the object of the visit, and the doctor would depart, and "leave no sign" for pill or bolus. In this connection, we cannot forbear introducing a single short anecdote which, we believe, is correctly attributed to Dr. Chapman. He one day received a hasty summons from a lady to attend at her house. On his arrival, he learned that her daughter had accidentally swallowed a shilling piece, and the mother was all anxiety and trepidation in view of the consequences. "Was it a *good* shilling?" coolly asked the doctor. "Yes." "Well, then, I guess it will pass," he replied, as he bowed and retired.

But when roused by symptoms of actual severity, Dr. Chapman was almost as unequalled in resources as he was devoted in attentions. Hence, as a consulting physician, his great powers were particularly conspicuous. Rapid and clear in diagnosis, inexhaustible in therapeutics, self-relying, never discouraged, he was the physician of physicians for an emergency. "As a lecturer," says Dr. Jackson, "Dr. Chapman was self-possessed, deliberate, and emphatic. Whenever warmed with his subject, his animation became oratorical. Often the tedium of dry matter would be enlivened by some stroke of wit, a happy pun, an anecdote, or quotation. He was furnished with stores of facts and cases, drawn from his own large experience and observation, illustrating principles, diseases, or treatment under discussion. His bearing was dignified, manners easy, and gestures graceful. He had a thorough command over the attention of his class, with whom he always possessed an unbounded popularity. His voice had a peculiar intonation, depending on some defect in the conformation of the palate, that rendered the articulation of some sounds an

effort. The first time he was heard, the ear experienced difficulty in distinguishing his words. This was of short duration; for, once accustomed to the tone, his enunciation was remarkable for its distinctness. Students would often take notes of his lectures nearly verbatim."

"His name," says the same writer, "is inscribed on the pages of the medical history of our country, with those of the distinguished and memorable men whose cultivation and labors have advanced and illustrated our science. * * * It is embalmed, cherished, and revered in the grateful bosoms of the thousands who loved him as a man, valued him as an instructor, and blessed him as a physician."

In the spring of 1850, his declining health made it necessary for Dr. Chapman to resign his professorship in the University, but he was immediately chosen by the trustees, emeritus professor. From this time to his decease, his health continued to fail, and he died on the 1st of July, 1853, of a slow and gradual decay, rather than of any positive disease.

BURLINGTON, N. J., Dec. 1854.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. V.—*Extracts from the Minutes of the New York Pathological Society.*

OCTOBER 25, 1854.

DR. CLARK presented the heart and aorta of a woman aged 73, not known to have any disease, till the time of her death. She was an inmate of a charitable institution. She had complained only of a little pain low down in her side, and was short of breath when going up stairs. While engaged in some light work she suddenly died. A large aneurism of the aorta was found involving the entire arch. This had burst into the left pleura, which was entirely full of blood, save that its cavity was a little diminished by two or three firm adhesions. Small pieces of lung were adherent to the aneurism. The heart was healthy.

DR. CLARK presented a liver and kidney taken from a man who died of pneumonia, occurring upon the cachexia of miasmatic fever. He had for a long time presented a pallid hue, and was much emaciated. On his entrance to the hospital the legs were

swollen, and dotted with purpura of a bright hue, mostly circumscribed. He remained a week, being treated by tonics and nutritious diet, when the physical signs of pneumonia were disclosed, and for eight or ten days the case went on hopefully. Then hemorrhage from the mouth and tongue occurred, succeeded by epistaxis and discharges of blood from the bowels, when he sank from exhaustion. The colon was half full of dark matter, blood mixed with thin feces. Nothing remarkable was found in the lung. The liver was in a state of fatty degeneration; the left lobe being marbled with light gray spots, presenting that form where the disease commences in the single lobules, extending to small groups of lobules, leaving the other parts untouched. The kidney was a little larger than usual, and contained a moderate amount of fat. Some of its cells were granular, and some filled with fat, inclining to the belief that Bright's disease was commencing in its structure; though the urine, which was once examined, contained no albumen. Dr. Clark had examined the kidney of a person having intermittent fever, who died in eight weeks, with some symptoms of Bright's disease, and suggested the propriety of further investigation as to the connection, if any, between these affections.

Dr. CLARK presented a specimen of apoplexy taken from a man aged about 60, who was admitted to the hospital while insensible. His face was flushed, pupils contracted, and insensible to light. At times, when addressed in a loud tone, he would mutter in monosyllables. No movement of any part of body was discoverable, save of the respiratory muscles, though a slight effort was made to sustain the leg or arm of right side if raised and dropped. On the left side, none whatever. No history was obtained. A bed-sore over the sacrum led to the inference that he had been for some time confined to bed by paralysis. Between the forehead and the left temporal depression, were some remnants of dried blood, and a yellowish hue of the skin, indicating an effusion of blood in that region. In the upper right temporal region, some small indentations were noticed. The probability was that he had had paralysis for some time, and from the blow in falling out of bed, an additional effusion of blood occurred. The injury on the left side produced effusion on the right. The symptoms did not ameliorate, and he died in two days after admission. The brain was presented intact. A clot was found in upper anterior portion of left hemisphere mingled with blood, partly fluid. The cavity was two and a half inches deep, running obliquely forward and downward; the width was over an inch, and it was partially lined with new membrane. On the other side was a second effusion, close to the surface at the middle and upper portion of right lobe, about half an inch from the median line, of half the capacity of the first mentioned cavity.

The greatest amount of paralysis was found on the side which would have been affected by the smaller effusion in the usual course of things.

Dr. CLARK presented a small portion of the articulating surface of the tibia at the knee. The patient was admitted ten weeks ago for rheumatism, of which he had been complaining five or six weeks. By October 2, it had subsided at every part, save the right knee. The swelling and redness there continued, and fluctuation was discovered, the result of a secondary synovitis. Before death, the swelling subsided, and motion was partly restored. Undetermined causes led to his demise. On opening the knee, the synovial membrane, on its opposite surfaces, was everywhere adherent. The membrane was reddened, and about half a teaspoonful of blood was found. The femur was healthy. A ring of ulceration, extending half round the left anterior articulating surface of the tibia, was found. From the discovery of the remains of a chancre on the penis, the question was raised as to its syphilitic character. The mesenteric glands were all more or less enlarged, of a yellowish white color, and had all undergone a peculiar change.

Attention was called to a specimen presented some time ago, by Dr. Clark, where the glands had undergone a species of degeneration, akin to that of the waxy liver, and it was thought this might be of the same character. Close examination, however, revealed a very different condition of things. The tubes were found mostly denuded of epithelium, and loaded with fat, which was readily discharged from them. They were overlaid to an extraordinary degree, with fibrous tissue of a thicker cast than that naturally belonging to them. None were healthy. In the midst of the glandular tissue, oil was very abundant. Dr. Clark expressed the opinion that, as in kidney and liver, this fatty degeneration was associated with a low grade of inflammation, producing an excess of the fibrous element of the parts. This is probably the first time that fatty degeneration of the mesenteric glands has been noticed as the cause of emaciation, inanition, and death.

Dr. CLARK exhibited the half of a kidney, presenting to the eye the appearance of health; to the touch it was hard, and its tissue uniformly unyielding. It was taken from a man, æt. 33 years, who was admitted to the hospital October 20. His wife and child had just died of cholera, and he was supposed to have the same disease. He was an athletic person, well developed, and was reported to have been well until four days previously. On admission he had diarrhœa, three or four stools a day, and vomited occasionally. His legs and hands were very cold. He was weak and drowsy. It was difficult to fix his attention, and he only answered questions in monosyllables. The face was neither flushed nor pale. The pupils were dilated, and unaffected by

light. He had no cramps or convulsions. The pulse was 60, and feeble; the capillary circulation everywhere languid. Twenty-four hours after admission, having passed no urine, a catheter was introduced, but none was found. Twelve hours later a half pint was drawn off, which was highly albuminous. The second day after admission he kept continually spitting, and was unable to answer questions. The pulse was small and slow. He had three stools, with some vomiting, and grew gradually more and more comatose, keeping his eyes wide open, and giving no evidence of any sensation whatever for five hours before death. He died in thirty-eight hours after admission, his disease being considered as arachnitis. The membranes and brain were entirely free from inflammatory effusion. There was a little venous congestion. The convolutions were flattened, as was supposed, from internal pressure, fluid being suspected in the ventricles; none, however, was found. The kidneys were subjected to microscopic examination. Three-fourths of all the tubes were denuded of epithelium, and loaded with fat. Not one tube in ten or twelve was healthy. The case was one of uremia, which so closely imitated arachnitis as to present great difficulties in diagnosis.

A general discussion ensued as to the impropriety of trusting to the eye alone in *post-mortem* examinations, and many instances were adduced of grave mistakes thence resulting. As to the co-existence of fatty kidney and albuminuria, Dr. Clark has notes of many cases of albuminuria where there was no fat in the kidney.

Dr. METCALFE presented a portion of the brain of a man of intemperate habits, who died of chronic arachnitis. On the anterior and left lateral aspect of the left hemisphere was a patch of calcification, three-quarters of an inch long and three-eighths of an inch broad, embedded in the substance of the brain. The arachnoid over it was of a little darker color than elsewhere.

Dr. CLARK said that specular deposits found on the inner surface of the dura mater were undoubtedly bone, as the membrane being a bone-producer on one side might become one sometimes on the other. In this case, the specimen was probably a mere aggregation of carbonate and phosphate of lime. These accretions are found in the serous membranes, and have no bony organization, being mere calcifications.

Dr. PEASLEE inquired whether true bone was ever developed by anything else than periosteum, excepting such bony organizations as are found in the uterus and ovaries? The opinions of members, so far as expressed, were in the negative.

Dr. METCALFE presented a specimen of aneurism of the aorta, bursting into the circular fibres of the cesophagus, dissecting between layers of these fibres, and opening through the gastric peritoneum into the abdominal cavity. It was from a man forty years old, who entered the hospital the middle of September,

1854. He died a few minutes after reaching his bed. Nothing could be learned of his history. In the abdomen was found forty-eight ounces of partly coagulated blood, which came from a rent, which would admit a quarter of a dollar, in the upper and anterior part of the gastric peritoneum, three inches to the right of the cardiac orifice of the stomach. The opening from the sac was not more than one inch in diameter, situated on its posterior wall, opposite the origin of the left subclavian artery. The aorta was thickly studded with patches of atheroma. The heart was of normal size, and degenerated by fatty growth.

Dr. METCALFE presented for Dr. G. WEBER, a stomach and liver, with a duodenum filled with gall-stones, preventing the exit of chyme from the stomach, and causing death from inanition. The specimen was taken from a man fifty-four years old.

Dr. METCALFE presented a larynx, exhibiting the condition of that organ in phthisical laryngitis. There was a slight ulceration just below the ventricles.

Dr. BATCHELDER inquired whether syphilitic ulcers of the larynx ever occur in or about the cricoid cartilage. He had never seen any below the rima glottidis.

Dr. SCHILLING referred to a case where the ulceration was below the rima glottidis.

Dr. MCCREADY had seen a large ulceration which had denuded the mucous membrane of a cricoid cartilage, converted into bone. This was in a subject decidedly syphilitic.

Dr. CLARK had seen them at the junction of the larynx with the trachea.

Dr. METCALFE, for Dr. Finnell, presented a spleen weighing a little over six pounds, taken from a man thirty-one years old, who had never had any form of miasmatic disease. He had suffered from epistaxis and abdominal dropsy, unconnected with the heart or kidney. Dr. Metcalfe had seen a second specimen of like character.

Dr. ALLIN, for Dr. Van Buren, presented the genito-urinary organs of a patient operated upon for stone. He was admitted to the hospital October 10, having been long a sufferer from the affection, and a year and a half previously having had an operation performed and some calculi removed. A calculus was also recognized and removed three months before from the prostatic portion of the urethra. Dr. Van Buren operated October 16, removing fragments of stone. The patient died the same day from prostration. The coats of the bladder were found greatly thickened; a large sac was found in the prostatic part of urethra. Near the opening of the right ureter a sacculus was discovered containing a calculus. On the opposite side, near the opening of the left ureter, was found a second sacculus communicating with a cavity, probably an abscess. The ureters were dilated, and a

calculus was found in the right kidney, the pelvis of which was in a state of chronic inflammation. In the left kidney were indications of inflammation. At its summit was a small urinary cyst. In the membranous part of the urethra were one or more fragments of stone.

Dr. BATCHELDER asked if there was any way of diagnosing a sacculated stone? Answered in the negative.

Dr. MARKOE presented a portion of spleen taken from a German girl stabbed eight weeks previously. The instrument entered just below the tenth rib on the left side, at a point equidistant from the anterior and posterior median lines. Moderate hemorrhage ensued, but there was no evidence of internal bleeding. A day or two after her entrance to the hospital, symptoms of peritonitis, mingled with those of hysteria, occurred, which were controlled by opium, and gradually disappeared. While far in convalescence, fever came on, which was traced to moral causes; hence the patient assumed a different appearance; her countenance wore the hue of malarious infection, which led to the suspicion of splenic disturbance. Hectic ensued, pain and tenderness were complained of over the side for a space six inches up and down, and she rapidly failed. Till within two or three days of death, the lung was unaltered by physical signs. Pneumonia of lower lobe was then revealed, purulent matter was expectorated, and the patient died from suffocation. At the lower part of the lung was discovered an abscess, the size of a small orange. In the track of the wound, below the diaphragm, was a second much larger abscess, connected with the first by a cribriform communication. Embedded in the cavity lay the spleen, bathed in pus. Its lower part exhibited a fibrinous condition, with a thickened peritoneum. Its upper part was healthy. The connection, if any, that existed between this condition of the spleen and the marked pallor of the countenance, is the important feature of the case, and worthy of a close investigation.

Dr. CLARK inquired if there was any reason to suppose that the purulent deposit occurred simultaneously with the pallor? It was not known. He thought the case important in connection with the function of the spleen. Dr. Markoe promised a full written report of the case for future reference and comparison.

Dr. MCCREADY presented the uterus of an elderly woman, who died of cancer of the lung. There was upon it a cicatrix running from the neck to the fundus, and across to the Fallopian tubes, evident to the eye and touch. The inference was, that in early life a rupture of the organ had occurred, which had united without peritonitis.

Dr. METCALFE mentioned a case appearing like this, where the supposed cicatrix consisted of an enlarged and atrophied blood-vessel.

Dr. HUTCHINSON presented a portion of the genital organs of an unmarried female, aged about forty, who died of cholera August 12. There was an entire absence of the uterus. Dr. Hutchinson gave a synopsis of thirteen additional cases collected from various journals, of a similar character. In some it is not improbable that the uterus may have existed in a rudimentary state—a surmise rendered plausible by the fact that Dr. Isaacs, whose opportunities for observing such anomalies have been very abundant, has never seen a case where the entire organ was absent, though he has often met with it imperfectly developed.

Dr. BAUER narrated a case where no uterus could be detected on careful examination occurring in a well-developed female. In this case, there was a small opening at the sternum, whence exuded, once a month, a serous fluid.

Dr. HUTCHINSON presented the gall-bladder of a female who died of cholera. It was completely filled with two gall-stones, each of the size of a filbert, separated by a constriction, and presenting the appearance of a magnified pea-nut. Their surface was rough, and they consisted of cholesterine and inspissated bile, with coloring matter. The coats of the bladder were healthy. The cystic duct was open.

Dr. ELLIOTT presented a specimen of aneurism of the thoracic aorta, from a man forty years old, who entered the hospital September 3. He then complained of cough, which had existed for three weeks before, with difficulty of breathing, and a sense of pressure upon the chest. He could only lie on his back. The cough resembled the grunting of hogs. He was seen by Dr. E. at 12 o'clock M. No pulsation was discernible at the wrist, ankle, or in the brachial or femoral arteries. Percussion over the sternum was remarkably dull. He died half an hour subsequently, just after returning from the privy. There was no rupture or extravasation of blood. The heart was healthy, though filled with blood. The lungs were much congested; the other organs healthy. In referring to the condition of the heart, Dr. PEASLEE remarked that, where no rupture had occurred, hypertrophy of the organ was not found; and suggested the caution, that patients thus affected should observe the strictest rest.

[* * We are compelled, for want of space, to postpone the November proceedings to our next issue.—Ed.]

BIBLIOGRAPHICAL NOTICES.

[Books intended for notice in this department of the *Reporter*, can be sent to the Editor, by mail; or, by express, to the care of Joseph M. Wilson, Bookseller and Publisher, S. W. corner of Ninth and Arch Streets, Philadelphia.]

ART. VI.—*Principles of Comparative Physiology*. By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S., Examiner in Physiology and Comparative Anatomy in the University of London; Professor of Medical Jurisprudence in University College; President of the Microscopical Society of London, etc. etc. With three hundred and nine wood engravings. A new American, from the fourth and revised London edition. Philadelphia: Blanchard & Lea, 1854. 8vo.

THOSE of our readers who keep pace with the advance of medical literature, are familiar with the high character of the scientific publications of Dr. Carpenter, whose physiological investigations and attainments as an author, have won for him a position among the first of medical literati.

The present large volume, embracing upward of seven hundred pages, and abundantly illustrated by accurate engravings, is peculiarly attractive, both to the naturalist and the general reader. The plan of organic structure, and development of plants and animals, running from the lowest orders, whose sum of existence is confined to a solitary cell, or group of simple cells, up to the highest grades of flowering plants and vertebrated mammals, is a subject of striking interest, and one skilfully treated of in the book before us. That interest is increased, too, when legitimate comparisons are instituted, as is here done, among the different individuals in the scale of being, the author at the same time condemning as erroneous the opinion of first observers of the mysteries of embryology, who saw in the gradations of development of the higher animals, a distinct resemblance to the permanent forms assumed by the lowest of animal existence.

A chapter on the vital operations of living beings, and of their mutual relations, is followed by a series of valuable chapters on Aliment—its ingestion and preparation in plants and

animals; Absorption and Imbibition; Circulation of Nutritive Fluid; Respiration; Exhalation of Aqueous Vapor; Nutrition; Secretion and Excretion; Evolution of Light, Heat, and Electricity. The lengthy chapter on Generation and Development, embracing all that is now actually known, as well as the various physiological hypotheses, explaining what is not now, and may never be understood, will not fail to claim especial attention from the scientific physician. The last three chapters are devoted to the Nervous System—its functions, structure, and actions; Sensation, and the Organs of Sense; and, lastly, a novel chapter on Sounds produced by Animals. We feel that we cannot recommend too strongly this work to the perusal of the profession—at least, as a “healthy recreation.” With all its minutiae of detail, it possesses the rare quality of being particularly *readable*.

K.

ART. VII.—*A Manual of Pathological Anatomy.* By C. HANDFIELD JONES, M. B., F. R. S., Fellow of the Royal College of Physicians; Assistant Physician to, and Lecturer on Physiology at, St. Mary's Hospital; and EDWARD H. SIEVEKING, M. D., Fellow of the Royal College of Physicians; Assistant Physician to, and Lecturer on Materia Medica at, St. Mary's Hospital. First American edition, revised. With three hundred and ninety-seven illustrations. Philadelphia: Blanchard & Lea, 1854. 8vo. pp. 723.

THE title of this book, associated with the names of its authors, the first of whom is already well known in this country as an eminent physiologist and anatomist, is a sufficient guarantee for its utility; and, in consequence of no original publication of this nature being accessible to the American student, its need is felt so much, at the present time, that it will, no doubt, find a place in many medical libraries. The authors, with the accumulated material of centuries at their command, from which they have extracted that which has a practical bearing on modern science, have not relied solely on the results and opinions of others, but have tested them as far as possible by their own personal investigations.

In a hasty glance through its pages, we notice a few discrepancies with the teachings of pathologists of our own schools,

and the received views of the profession generally; but these differences are on matters of minor importance, and will not affect the intrinsic value of the book. The American publishers, with a wise forethought, have more than doubled the number of engravings that appeared in the last London edition; they have also incorporated with the text an account of the interesting microscopical investigations of Dr. F. Donaldson, of Baltimore, into the characteristics of the true cancer cell. The cuts being well selected, the work will be the more acceptable to the student; but it is hoped that he will accept it as a manual indeed, and observe and study the delineations afforded by disease, of the vivid descriptions given by the authors. K.

ART. VIII.—*The Transactions of the American Medical Association.* Instituted 1847. New York: Chas. B. Norton, 71 Chambers Street, 1854. Vol. VII. pp. 668.

THE seventh volume of the *Transactions of the American Medical Association*, if not as bulky as some of its predecessors, is nevertheless a substantial volume, containing much that is of general interest to the profession. As a *medical history of the times*, this work is invaluable, and American physicians should take pride in rendering it as complete as possible.

The minutes of the annual meeting, at St. Louis, were published in full in the *REPORTER* for June last. We are pleased at finding them so complete in the volume before us, as we have heard complaints that the minutes of former meetings were meagre as they appeared on the pages of the *Transactions*. Still, we have twenty-seven pages of the fine print, and solid type of the *REPORTER*, against forty pages of the large type, "leaded," of the *Transactions*.

The "getting up" of the work is creditable to the Committee of Publication, a majority of whom being residents of New York, the work was published there, bearing the imprint of Charles B. Norton, an enterprising publisher of that city. This is the first time the *Transactions* have been published out of Philadelphia, and we are sure that Philadelphia physicians and printers are not only willing, but glad to share the labors and the emoluments, if

there are any, with their brethren in other cities of the Union. Whether it will be altogether wise to carry out the suggestion made at the meeting at St. Louis, of having the *Transactions* issued in the city in which the annual meeting is held, we very much doubt.

The literary merits of the work before us are of a high order; and we regret that the large number of books, to be noticed this month, will not permit as extended a notice of some of the papers it contains as we should like to give.

There are three extended reports on *Epidemics*, by W. L. Sutton, M. D., of Ky.; Geo. Mendenhall, M. D., of Ohio; and E. D. Fenner, M. D., of La. These comprise a large and exceedingly interesting portion of the volume. Some of these reports are accompanied by maps and charts, which are very valuable in illustrating the medical topography and history of different sections of the country. We feel disposed to enter our caveat against publishing in the *Transactions* of our National Medical Association such specimens of mongrel Latin and English, as may be found in prescriptions in some of these reports. They should have been one or the other—we should say Latin. In our judgment, the Committee ought to have looked to this.

Dr. Fenner's report is devoted especially to the history and treatment of the epidemic of yellow fever, which prevailed so extensively and fatally in the southwestern part of our country the past year.

An extended and learned paper on the "Medicinal and Toxicological properties of the Cryptogamic Plants of the United States," by F. Peyre Porcher, M. D., of Charleston, S. C., is worthy of especial mention.

The prize essay on a "New Method of Treating Ununited Fractures and certain Deformities of the Osseous System," by David Brainard, M. D., of Chicago, Ill., is a well illustrated and valuable paper. Was not this paper published in Paris, before its presentation to the Association? If so, was it a legitimate competitor for the prize?

The "Report on Medical Education," by J. L. Cabell, M. D., Chairman of Committee, we reserve for future notice.

Every physician in the land should be a member of the Association, and possess its *Transactions*, each volume of which is a

medical library in itself. Those who desire to possess a copy should send \$3, without delay, to the Treasurer of the Association, Dr. Isaac Wood, New York, and the work will be forwarded by mail.

ART. IX.—*On the Nature, Signs, and Treatment of Childbed Fevers, in a Series of Letters to his Class.* By CHARLES D. MEIGS, M. D., Professor of Midwifery, &c. in Jefferson Medical College, Philadelphia, etc. etc. Philadelphia: Blanchard & Lea, 1854. Pp. 362.

A DISTINGUISHED divine, in speaking of the eccentricities of a certain family, is said to have remarked: "I have long been of opinion that the world is divided into three classes—saints, sinners, and the B—— family." In some such case as this family, Dr. Meigs would seem to stand in the medical profession. He is unquestionably one of its most able and fortunate members. Not an "irregular," he yet occupies a stand-point by himself, both as an instructor and writer. His pen is a prolific one, his style *recherché*, his success as a writer, beyond all cavil almost unbounded, and his views, in the main, correct. Dr. Meigs writes for money; and money he gets—for his works "sell." This makes him very independent—for he bids defiance to critics, snaps his fingers in the teeth of the "sophomore scollards, who do most of the medical reviews for the journals," and self-complacently enjoys and disseminates his own opinions, and in his own way. This is all well. We like Dr. Meigs's independence: and, as to humility, he is too old, and, as we intimated before, his books have been too successful for him to be very humble. And then, too, he may have had hard things said about him unnecessarily—for, be it remembered, Dr. Meigs is no drone, he is a workingman, has not much time to adjust phrases and sentences, and coin words (?); albeit an English reviewer (surly fellow that he is!) calls him an "obstetrical dandy." We will not quarrel with Dr. Meigs about his style or his independence, if he will give us good books, but we claim the right of criticising them, if we find anything to criticize, without having our knuckles rapped for our pains.

With Dr. Meigs's former publications we have been much pleased. The epistolary style of one of them, and his other peculiarities, have imparted an interest to his subject which, to us, has been very attractive. So much for Dr. M.'s peculiarities and his unamiable moods.

The work before us is on an interesting and *very important* subject. It is announced as probably the last formal contribution Dr. M. will have it in his power to make to our American medical literature. Should this be the case, it will be cause of regret to many. We are not without hope that the close of another lecture-term will find him engaged on an important topic, which "a sudden, off-hand promise" made to his class—as was the case in regard to the work before us—will compel him to complete in another series of letters. This work consists of a series of twenty-nine letters to his class, in which the subject of childbed fevers is fully discussed. We cannot, of course, attempt a critical examination of its contents.

In regard to the two vexed questions of contagion and blood-letting, we understand Dr. M. to "utterly reject and deny" the former, while the latter he regards as "the chief, not to say sole reliable remedy."

We hope our readers will procure this work. It is one they should all possess, for none of us know at what moment we shall be called to treat this terrible malady, and we should be ready to act promptly, and *do just the right thing* when we do act. The diagnosis of the disease is of the last importance, and on this subject our author has a great deal to say, and he says it well.

ART. X.—*Essays on Infant Therapeutics: to which are added, Observations on Ergot; History of the Origin of the Use of Mercury in Inflammatory Complaints; together with the Statistics of the Deaths from Poisoning in New York in the years 1841-2-3.* By JOHN B. BECK, M. D., &c. &c. Second edition, enlarged and revised. New York: Samuel S. & William Wood, 261 Pearl Street, 1855. Pp. 168.

THIS little book is a perfect gem. We have read it with much interest, and shall regard it as one of the most *useful* books in our library. It is a book which might be profitably lent to in-

telligent parents, and do good, both to them and to their family physician. *Infant Therapeutics!* Reader, think of the importance of the subject! Remember that, according to statistics, one-half of the human race perish, in cities, before their fifth, and, in rural districts, before their seventh year. Ah! here is where the problem of human life is to be solved. Give us a perfect *infant therapeia*, and we will have made a long stride toward that good time, they say is coming, when old age will be the only outlet of human life. More attention should be given to the subject of infant therapeutics than it has ever yet received. Our author does not pretend to discuss *all* the causes of infant mortality, but confines himself to a notice of some of the more potent remedies made use of in the treatment of the diseases of infants and children—such as opium, emetics, mercury, blisters, and bloodletting. To these are added some other essays, named in the title-page above.

We urge it upon our readers to encourage the circulation of this little book. We would rather be the modest and ill-requested author of this little work, than make a fortune by writing a history of Napoleon, or any other “great” man who did no more than he to lengthen the average of human life.

ART. XI.—*A Text-book of Practical Anatomy.* By ROBERT HARRISON, M. D., M. R. I. A., &c. &c. &c. With additions by an American Physician. With numerous illustrations. Second edition. New York: Samuel S. and William Wood, 261 Pearl Street, 1855. Pp. 720.

WHEN we tell our readers that in the pages of the above work they will recognize their old friend, the *Dublin Dissector*, revised and almost rewritten, as well as fully and handsomely illustrated, we will, perhaps, have said all that need be said in recommendation of the work. Robert Watts, Jr., M. D., Professor of Anatomy in the College of Physicians and Surgeons of New York, is the American editor of the work. Having been revised by the author, and then re-edited by Dr. Watts and adapted to the use of the American student, it can scarcely fail of being a reliable book of reference. The getting up of the work is creditable to the publishers.

ART. XII.—*Principles of Physiology; designed for the use of Schools, Academies, Colleges, and the General Reader: comprising a familiar Explanation of the Structure and Functions of the Organs of Man, illustrated by comparative reference to those of the Inferior Animals. Also, an Essay on the Preservation of Health.* With fourteen quarto plates, and over eighty engravings on wood, making in all nearly two hundred figures. By J. C. COMSTOCK and B. N. COMINGS, M. D. New York: Samuel S. & William Wood, 261 Pearl Street, 1855. 110 quarto pages.

THIS work has been before the public for several years, and we are glad to see that a new edition of it is called for. An attentive perusal of the title above will suffice to set forth the objects and aims of the work. We hail with satisfaction that advance in the education of the young which calls from the press such publications as the one before us. We are far from being of the number of those who regard the study of what relates to the life and health of man as the peculiar prerogative of the physician. Every one should have such a knowledge of the functions of living beings, and the wants of the human system, as will enable him to avoid many of the causes of disease and death. Did some of the "finished" educations of our female seminaries comprise an intelligent acquaintance with anatomy and physiology, we would have fewer "nervous" mothers and sickly offspring; the medical man would be consulted how to *avoid* disease, instead of being "called in" when the lamp of life is flickering in its socket, ready to expire "under his treatment."

We are much pleased with the execution of the work before us in all respects. Both authors and publishers have done their part to make an attractive and useful book. The closing essay, on the "Preservation of Health," is an exceedingly important one, and calculated to do good. A glossary accompanies the book.

We hope that our readers will encourage the introduction of such works as the above into all our schools.

ART. XIII.—*A Practical Treatise on Foreign Bodies in the Air-passages.* By S. D. GROSS, M. D., Professor of Surgery in the University of Louisville, &c. &c. With illustrations. Philadelphia: Blanchard & Lea, 1854. Pp. 468.

WE have here an exceedingly valuable book on an important and interesting topic. The work is really a monograph, there being no systematic treatise on the subject. The author has had considerable experience himself in cases of foreign bodies in the air-passages, and he has also drawn largely from the experience of others. The motto of the work is: "In an inquiry of this kind, in fact, individual experience amounts to nothing; collective experience is everything."

There being no complete work on the subject, and next to nothing in the works on surgery, Dr. Gross has collected the cases published by various authors in pamphlet form or in the medical periodicals, and arranged them with his own, for convenient reference. Minute directions are given to aid in the diagnosis and treatment of the accident under consideration, with drawings and descriptions of instruments.

Our readers can readily perceive the importance of the work, and its author is favorably and extensively known as a surgeon and writer. The name of the publishers is a sufficient guarantee for its mechanical execution.

ART. XIV.—*Diseases and Injuries of Seamen: with Remarks on their Enlistment, Naval Hygiene, and the Duties of Medical Officers.* By G. R. B. HORNER, M. D., Surgeon U. S. N., &c. &c. *Nil actum reputans si quid superesset agendum.* Philadelphia: Lippincott, Grambo & Co., 1854. Pp. 252.

THE writer of this small treatise has been in the naval service twenty-eight years, and has, therefore, had considerable opportunities for observing the ordinary diseases and accidents to which seamen are liable. The work was first commenced in the form of contributions to the pages of the *Medical Examiner*, but were discontinued, and the essays finally collected into their present shape.

There is a sailor-like vivacity and sprightliness of language in the work that makes it interesting and attractive, and it embraces much that is important and useful to surgeons on land.

* * For want of room, we are compelled to defer the notice of several works to our next number.

WORKS IN PRESS.

THE year just closed has been a very prolific one in regard to the number of medical works issued from the American press, as our pages abundantly testify. The opening year promises well, also, in this respect. We have already received several with the imprint of 1855, and have been favored by the publishers with announcements of the following works, which will soon be ready for the trade:—

Blanchard & Lea will publish soon a new and improved edition of *What to Observe at the Bedside, and after Death, in Medical Cases*. They also announce a new and enlarged edition of *The Principles and Practice of Obstetric Medicine and Surgery, in reference to the Process of Parturition*. By Francis H. Ramsbotham.

Lippincott, Grambo & Co. will soon have a new edition (the fourth) of *Wood's Practice*.

S. S. & W. Wood will soon issue a new edition of *Quain's Anatomical Plates*. Edited by Prof. Pancoast. 4to. Also, *Hassall's Microscopic Anatomy of the Human Body*. With numerous colored plates. 2 vols. 8vo. Edited by Dr. Vanarsdale. They also announce a third edition of the *Dublin Dissector*; and *Smith on Fractures in the Vicinity of the Joints, and on Certain Forms of Congenital Dislocations*. With numerous illustrations, of exquisite workmanship. 1 vol. 8vo.

The above works will be noticed at length when they are received.

EDITORIAL.

EIGHTH VOLUME.

WITH this number commences the Eighth volume of the **NEW JERSEY MEDICAL REPORTER**. It was announced some time since that, at the commencement of this volume, a change would probably be made in the name of our journal. But at the solicitation of some of our tried friends, we have concluded to retain the distinctive feature of our old name. It has been urged, and with propriety, that under this name we have fought our way from obscurity to a prominent rank among our fellows, and that we are too widely known and read to make it necessary to adopt another name as evidence of the *general* character of our work.

Our past career must be our promise for the future. Whatever promises have heretofore been made have been more than fulfilled, and we commence the eighth volume of the **REPORTER** with a *carte blanche* for further improvement to the extent that the profession will allow. At their hands we have received very many flattering testimonials of appreciation and of good will, and, if we have heretofore been worthy of them, we expect to be much more so hereafter. We should be very sorry, however, indeed it would be absolutely ruinous to us, if our friends should take it for granted that we no longer need their assistance. On the contrary, presuming on a continuation of their kindly efforts, we have undertaken more, and to carry out the plans we have laid for the current volume, without serious embarrassment to ourselves, will *require* that our list of subscribers be **DOUBLED** by the first of July. Our friends cannot fail, therefore, to see the necessity of strenuous exertion in obtaining subscribers. We would appeal particularly to our *New Jersey* friends, and we ask their aid *not* as a *favor* shown to *us*, but from their own sense of what is right and just, in view of the spirit of enterprise which has placed the **REPORTER** in such marked contrast with so many of its contemporaries. As to the ability with which the work is conducted, that will depend more on the two following things than on any

peculiar talent its editor may possess: 1. *On the character of the communications sent us, and* 2. *On the liberality of the profession in supporting our enterprise by their influence, and by their subscriptions*—PAID IN ADVANCE! Let this be borne in mind. Give us the “sinews of war,” and our friends will have no reason to complain of a lack of interesting and useful matter in our pages.

One word in regard to the special enterprise of publishing steel engraved portraits of distinguished physicians, accompanied by biographical sketches. We believe that no medical journal, either in this or any other country, has ever before undertaken to publish *steel* engraved portraits. These are very costly, as every plate we have engraved, costs more than fifty dollars! Some journals have published wood and lithograph portraits, which cost from ten to fifteen dollars each. We would have our readers note the difference in enterprise, and again bespeak their encouragement.

Wishing our readers a *Happy New Year*, and a prosperous future, we leave our enterprise and ourselves in their hands, anxiously but confidently awaiting their action in our behalf.

PORTRAIT OF THE LATE DR. CHAPMAN.

The long-promised portrait and biographical sketch of the late Professor Chapman appears in this number. The plate was engraved nearly a year since, but we found some difficulty in obtaining a satisfactory biographical sketch. Our readers will bear witness to the excellence of the likeness, which was engraved expressly for us, at the establishment of John M. Butler, in Philadelphia, from a daguerreotype kindly furnished by the family for the purpose. They unhesitatingly pronounce it the best portrait of Dr. C. ever published.

We publish this portrait of Dr. Chapman in the face of a very ungracious threat from the publishers of the *American Journal of the Medical Sciences*, who have recently exhibited a commendable spirit of enterprise in purchasing “the copyright and steel plate” of a worn-out mezzotint likeness of Dr. Chapman, which is announced to appear in the January number of that excellent journal. We are very sorry to do anything to interfere with the enterprising spirit manifested by our contemporary, but when we want a portrait to embellish the pages of the *NEW JERSEY MEDI-*

CAL REPORTER, we shall have it engraved, always taking good care not to "infringe" on any "copyright" held by that enterprising journal. We have already had three *steel* engraved portraits prepared expressly for the REPORTER, and have three others in hand, which we expect will all be published before July. In the meantime we shall keep a sharp look-out, and if we find the publishers of the *American Journal of the Medical Sciences* infringing on any of our "copyrights," we shall not fail to "suggest" to them to "look further into the matter!"

Those who desire to obtain this excellent likeness for framing, can be accommodated by calling on Mr. Joseph M. Wilson, southwest Corner of Ninth and Arch Streets, Philadelphia.

DR. WILLIAMS'S CORRESPONDENCE WITH DR. PEREIRA.

In this number, we commence the publication of some very important and interesting correspondence between Dr. S. W. Williams, formerly of Massachusetts, and the late Dr. Jonathan Pereira, of London, which is prefaced by a short and interesting biographical sketch of that distinguished man. This correspondence will be concluded in two more numbers.

MEDICAL SOCIETY OF NEW JERSEY.

Our readers will see on the cover an announcement of the eighty-ninth annual meeting of the Medical Society of New Jersey, which takes place on the fourth Tuesday (23d) of the present month, at Trenton. The Society meets at 7 o'clock P. M. of that day.

By this arrangement, it is expected that the preliminary business of the Society will be transacted at the evening session, leaving the whole of the following day for reading reports of committees, discussions, incidental business, &c. It will be remembered that the Committee of Arrangements, consisting of members of the District Medical Society for the county of Mercer, are instructed to provide a dinner for the members at the expense of the Society.

We confidently look for a large delegation from all parts of the State, and hope that the proceedings will be characterized by a life and spirit which will have a favorable reactionary effect on the county societies.

We learn that the Standing Committee will be prepared with as elaborate a report as can be made out of the scanty materials with which they have been furnished. They have received few reports as yet from the district reporters, who would seem to be rather negligent of their duties.

HISTORY OF THE AMERICAN MEDICAL ASSOCIATION.

We have ready the seventh of the series of articles on the History of the American Medical Association, which will appear in our next number, accompanied by a portrait and biographical sketch of James Moultrie, M. D., of Charleston, S. C. .

Of the importance of these articles to American physicians we need not speak; of their correctness as a history, we can vouch. This history commenced with our seventh volume, and those who desire to possess it complete, can still be supplied with that volume, as we have some copies remaining. The articles in the seventh volume are accompanied with portraits of Drs. Knight, Stevens, Warren, and Mussey.

EDITOR'S TABLE.

Professor Hodge made *Criminal Abortion* the subject of his lecture introductory to his course in the University of Pennsylvania for the session of 1854-5. He takes the ground that, from the moment of conception, the foetus is *de facto* a living being, and that to destroy its life by violence is *murder*. We understand the doctor utterly to deny the popular notion—with which not a few of the profession is infected—that the mother has any effect on the foetus in utero after the moment of conception.

Eighteenth Annual Report of the Directors and Superintendent of the Vermont Asylum for the Insane. Brattleboro', August, 1854.

During the year ending on the 1st of August, 1854, 535 patients enjoyed the benefits of the institution; 389 remaining in the asylum at that date. During the year, 146 were discharged, of whom 80 were cured, 12 improved, 14 not improved, 40 died. Since the opening of the asylum, 2,229 patients have been admitted; 1,840 have been discharged; and 389 remain in the institution. Of the 1,840 who have been discharged, 1,048 have recovered—equal to 56.95 per cent. Of those placed in the asylum within six months from the attack, nearly nine-tenths have recovered, showing the benefit of early treatment in insanity.

MISCELLANY.

THE Western Clinical Infirmary is an institution in Philadelphia, located in the southwestern part of the city, for the purpose of dispensing surgical advice and treatment, particularly to the operatives in the numerous factories in that section of the city. It is conducted on the principle of *specialties*, each of the corps of medical officers devoting himself to the treatment of a particular class of diseases.

The Medical Board is composed of the following physicians: Dr. James L. Tyson, Diseases of the Chest; Dr. Joseph Klapp, Diseases of the Digestive Organs; Dr. Charles P. Turner, Fevers; Dr. O. H. Partridge, Diseases of the Skin; Dr. Andrew Cheeseman, Diseases of the Eye and Ear; Dr. D. D. Clark, Diseases of the Genito-Urinary Organs; Dr. Joseph Parrish, Diseases of Females; Drs. T. Hewson Bache, and R. P. Thomas, General and Special Surgery; and Dr. George M. Morehouse, Diseases of the Brain and Nervous System; Dr. Morris Crum, Resident Physician.

E. BROWN SÉQUARD, M.D., late of Paris, will soon assume the duties of the chair of Physiology, to which he has been elected, in the Medical College of Virginia, at Richmond.

Dr. BALL, coroner of the city of Brooklyn, recently held an inquest on the body of a young lady, who died under homœopathic treatment for intermittent fever, being the third child of the same parents dead within a few weeks from the same disease—and all treated homœopathically. Prominent physicians, and homœopaths of New York and Brooklyn, gave testimony in the case. The testimony of the homœopaths betrayed an ignorance of anatomy, and a dishonesty in the use of potent remedies, that should open the eyes of the advocates of that system of practice. The verdict of the jury was non-committal, but it was plain from the evidence given, that the patient died of internal congestions, which, humanly speaking, might, under proper treatment, have been prevented.

Dr. ISAIAH M. BLAKE, of Bridgeton, Me., recently performed the operation of ligaturing the subclavian artery successfully.

Dr. S. T. BEALE, a dentist of Philadelphia, has recently been tried and convicted of the crime of committing a rape on the per-

son of a young lady who had been placed under the influence of ether for the purpose of having some operation performed on her teeth, and for which he has been sentenced to two years' confinement in jail. The case is attracting much attention from members of the medical and dental professions. We believe that the general feeling is, as it certainly is ours, that whether guilty or not, the testimony of a person in regard to what transpired while he was under the influence of an anæsthetic, should be received *cum grano salis*.

A DRUGGIST of this State is making a fortune selling pills whose principal ingredient is quinidine or quinoidine, and which are warranted to cure fever and ague, and not to contain calomel or *quinine*! He is backed by newspaper editors, and by the names of one or two physicians, who we understand were "caught," and pressed almost unconsciously into the service. Physicians cannot be too careful.

IN some of our cities, particularly New York and Boston, we see that it is becoming quite common for physicians to have social gatherings at their own houses, which are often made exceedingly instructive and profitable, as they may always be, if the low rivalry, which too often characterizes such entertainments, of making the best provision for the stomach is carefully avoided.

AN asylum has been proposed for the reception and treatment of confirmed drunkards, to be located in the city of New York. We believe the legislature has chartered such an institution, and collections are being made for it. This may be all well enough, but we think there is a "better way." *Sublata causa, tollitur effectus*. We go for the "Maine Law"—that is the best asylum for the inebriate.

NECROLOGICAL RECORD.

- DIED.—Lost on the steamship Arctic, Prof. CARTER P. JOHNSON, M. D., of Richmond, Virginia, æt. 33.
 ——— Lost by the same disaster, the surgeon of the ship, Dr. TAYLOR, of Albany.
 ——— Also, Dr. WARING, of New York.
 ——— At Boonton, Morris County, New Jersey, July 23, G. D. DAGGETT, M. D.
 ——— In New Orleans, September 20, of yellow fever, VALENTINE MOTT, Jr., M. D. (son of Professor Mott, of New York), æt. 33.
 ——— At Tunbridge Wells, England, October 27, of disease of the kidney, GOLDING BIRD, M. D., æt. 38 years.
 ——— In Boston, December 15, SAMUEL PARKMAN, M. D.

ECLECTIC AND SUMMARY DEPARTMENT.

Elkoplasty, or Anaplasty, applied to the Treatment of Old Ulcers.—

Dr. FRANK H. HAMILTON, of Buffalo, has for several years maintained the *theory* that old ulcers could be healed by a plastic operation, but has only recently had an opportunity of putting his theory to a practical test. He gives us but a single case, which resulted favorably, though the patient had a tedious recovery. The principle is well worthy of being further tested. The following is a summary of his conclusions:—

1. Ulcers, accompanied with extensive loss of integument, do generally refuse to heal, whatever may be the health of the body or of the limb.

2. Anaplasty will sometimes succeed in accomplishing a permanent cure, and especially where the health of the body and of the limb are perfect, and where, by inference, the refusal to heal is alone attributable to the extent of the tegumentary loss.

3. The graft must be brought from a part quite remote; generally from an opposite limb, or from another person.

4. If smaller than the chasm which it is intended to fill, the graft will grow, or project from itself new skin to supply the deficiency.

5. It is not improbable that the graft will expand during the process of cicatrization at its margins, but especially for a time after the cicatrization is consummated.

6. In consequence of one or of both of these two latter circumstances, it will not be necessary to make the graft so large as the deficiency it is intended to supply.

Novel Mode of Opening an Ovarian Cyst.—Dr. Sims, of this city (New York), has recently performed this operation in a mode which is new and which seems to possess several excellencies. A trocar, fifteen inches in length, curved so as to be the arc of a circle of four and a half inches radius, was, with its canula, inserted at the usual place of tapping in abdominal dropsy. After a portion of the fluid was drawn off, the point of the trocar was drawn within the canula, which, after several attempts, was finally carried to the cul-de-sac, between the uterus and rectum; and when felt there by the finger in the vagina, the trocar was again protruded, the sac and vagina perforated, and the extremity of the canula brought out between the labia majora; thus, in fact, transfixing the patient. A self-retaining catheter was then attached to the canula, and drawn into the ovarian sac, where, being separated from the canula, it was secured within the sac. The canula was then withdrawn, and the external opening closed. In this way the contents of the cyst were allowed to drain entirely away, and it is hoped that obliteration of

the sac and the cure of the patient will be the result. At our present writing, nearly three weeks after the operation, she is going on well.—*American Medical Monthly.*

Simaba Cedron in Intermittent Fever.—Dr. S. S. PURPLE, through the pages of the *New York Journal of Medicine*, calls attention to the virtues of the above article, in intermittent fever. The seeds of the plant were proposed some years since, as an antidote for the poison of venomous serpents. It had also been employed successfully in Central America in cases of intermittent fever, some of which had resisted the action of quinia. Dr. Purple's experience with the remedy has been favorable, and his investigation into its medical history and effects leads him to say:—

From the declared experience of various observers of the medicinal effects of the *Simaba cedron*, we are warranted in drawing the following conclusions regarding its therapeutical action:—

That it possesses decided anti-periodic properties, and is therefore applicable in the treatment of periodic diseases.

That it is less likely than quinine to produce the aggregate of encephalic or neuropathic phenomena, induced by overdoses.

That it may, in large doses, repeated often, produce griping of the bowels, and even diarrhoea; but that these conditions are easily controlled by appropriate medicaments.

That, as a remedy in intermittent fever, it possesses properties, in many respects, equal to quinine, and in most cases is equally adapted to the curation of this disease.

That, in the treatment of yellow fever, it does not appear to possess any particular advantages over quinine, but nevertheless is equally well adapted to fulfil the indications which call for the use of this latter remedy.

That it possesses marked tonic properties, and deserves a prominent place in this classification of the *Materia Medica*.

That in chronic dysentery, diarrhoea, dyspepsia, and all states of the stomach accompanied with impaired or difficult digestion, its use will be found to be attended with benefit.

That, should a demand arise for its use in medicine, it is believed that it will be found not difficult to obtain a supply, in quantities sufficient to afford it at a much less price than quinine.

Croup.—The *American Medical Monthly* for August and September contains a long and interesting paper by Professor E. R. PEASLEE, on *The Pathology of Croup, as the Basis of its Rational Treatment*. The article gives evidence of much thought and research on the part of its author, and we are sorry that we can do no more than give a mere outline of his ideas of the pathology of the disease and its treatment. This we do in his own words:—

1. An inflammation of the larynx, extending into the trachea, occurs;

offering in its essential nature nothing different from any other case of inflammation of the same parts, either in the infant or the adult. It is generally preceded, in both infants and adults, by congestion and irritation, and therefore by catarrh.

2. An exudation of plasma occurs on the inflamed surface, as in the adult; this being most abundant, in the trachea, on the posterior wall.

3. This exudation may be disposed of in at least two ways, provided it is not at once removed, as it generally is, in adults but not in infants, by coughing; reabsorption probably very seldom occurring in this disease, though it is not impossible.

a. It may become degenerated into pus (purulent matter), and thus, of course, at once be detached, which is the most common result.

b. It may become organized into a false membrane. This is more probable if the blood is rich in fibrin (*e. g.* in a plethoric child); if there is but little cough (an adult generally expelling it thus), and if time is allowed for its development (less being required in the child than in the adult).

4. Croup is, therefore, merely a laryngo-tracheitis in infants and children, and offers nothing essentially different from the same inflammation in adults.* The exudation in case of adults is, however, usually at once ejected by coughing, or in the form of purulent matter; while the liability to its organization in infants is greater; though, after all, a comparatively rare result, considering the whole number of cases—for the reasons before mentioned.†

5. Practically, therefore, as well as pathologically, we cannot say with Bouchut: "*Without a false membrane croup does not exist.*" This membrane never exists till the inflammation—the essential element of the disease, as we believe—has preceded, and has produced the exudation of plasma, as before shown. No sooner does the catarrhal irritation merge into inflammation, than the plastic lymph is thrown out;‡ and this inflammation and its accompanying exudation are the elements always present in croup.§

We therefore need not, for any practical purpose, admit an "inflammatory and a membranous" croup, as some writers have done, any more than we should make the same distinction in regard to pleuritis or peritonitis. All croup is *inflammatory*, at any rate; and a few cases are also accompanied by the formation of a false membrane. But the latter should not affect the treatment of the disease as an inflammation, but merely from its mechanical effects, and cannot be predicated in any case till it is actually seen; and this is not possible in most cases in which it is developed at the very onset of the disease.

Finally, we would drop the term croup entirely, and use the term laryngo-tracheitis instead. In a work on the diseases of children, we

* The idea of Copland and others, that the false membrane in infants is due to a greater amount of *albumen* in the blood, is entirely without support.

† In Dr. Ware's "Contributions to the History and Diagnosis of Croup," false membrane was found in only 22 cases out of 131, or about one-sixth of the whole.

‡ Hasse's Diseases of Organs of Circulation and Respiration, p. 277.

§ Dr. H. Green also holds this idea, though in different terms. See his work on Croup, p. 13.

would call particular attention to the fact that a false membrane is formed in about one-sixth of all the cases of this disease; while in adults, this is of very rare occurrence. But we would not make an accident the distinguishing feature of this disease, more than we do in the case of others, nor allow it to enter into either our name or our definition of it.

As in all other inflammations, so in this; the distinction of "sthenic" and "asthenic" is important, both in a pathological and a therapeutical point of view. So far also as laryngismus enters into any particular case—and it does into all cases of true laryngitis to some extent—the case is, of course, *spasmodic*; but this term must not be applied to the exclusion of the idea of inflammation. *Genuine spasmodic* croup, we have already seen, is a mere laryngismus. There is more or less spasm in all cases of bronchitis, and still more in whooping-cough; in the latter case in the larynx also; so that infantile laryngitis does not present any peculiarity in this respect. *Catarrhal infantile laryngitis* we regard as a contradiction of terms.

The treatment he recommends for the two forms of the disease is presented in the following tabular form:—

	<i>Sthenic Laryngo-tracheitis.</i>	<i>Asthenic Laryngo-tracheitis.</i>
I. To arrest the inflammatory process, and control the laryngismus.	An emetic, followed by a full dose of calomel, if required. Leeches to throat, or over the sternum; followed by cold applied continuously. Tartrate of antimony; sedative doses, cautiously administered. Internal application of solution of nitrate of silver. Inhalation of aqueous and narcotic vapors. Opiates, with caution. Hydrocyanic acid, do. do.	Do. do.; or pil. hydrargyri, instead of calomel. Leeches doubtful. Cold continuously applied. Nitrate of potassa.
II. To prevent organisation of the exuded plasma.	Sponge-probang and caustic solution. Expectorants. Calomel, in small doses. Alkalies. Counter-irritation. Tracheotomy?	Do. do. Stimulating expectorants. Turpeth mineral. Do. Do.
III. For removing the false membrane when formed.	Continue caustic solution. Do. expectorants. Do. counter-irritation. Do. alkalies. No emetics, or calomel. Tracheotomy, <i>seasonably</i> , if at all.	Do. do. Do. Do. Stimulant alkalies. Do. do. Do. do.
IV. To sustain the strength.	Milk-porridge, arrow-root, broth, &c. Tonics, if required.	Do. do.; also wine whey, milk punch, &c. Tonics and stimulants.



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Jas. Moultrie

PROFESSOR OF PHYSIOLOGY IN THE MEDICAL COLLEGE
OF THE STATE OF SOUTH CAROLINA

Engraved expressly for the New Jersey Medical Reporter



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ANNUAL REPORT

OF THE
BUREAU OF THE
CENSUS
FOR THE YEAR 1909

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Mr. J. H. H. H.

THE
NEW JERSEY MEDICAL REPORTER.

VOL. VIII. FEBRUARY, 1855.

No. 2.

ART. I.—*History of the American Medical Association.*
By ONE OF ITS MEMBERS.

No. 7.

DURING the year following the meeting of the Association in Cincinnati, no events occurred in connection with it worthy of special notice. The next annual meeting convened in Charleston, South Carolina, on the first Tuesday in May, 1851. The delegates assembled in St. Andrew's Hall, at 11 o'clock A. M., and the President, Dr. R. D. Mussey, of Cincinnati, took the chair.

Dr. Simons, Chairman of a Committee appointed by the South Carolina Medical Association, tendered to the delegates a cordial welcome to the hospitalities of their professional brethren, both in the city and State. Dr. Frost, Chairman of the Committee of Arrangements, read the list of delegates who had registered their names. About two hundred and twenty were present during the meeting. The meeting, at Charleston, gave rise to one incident, not connected with any of those which had preceded it. The location was such, that a large proportion of the delegates from the Eastern, Middle, and Northwestern States, first collected together in New York and Philadelphia, and proceeded from thence to Charleston, by way of the Atlantic. To much the larger number, this was their first trip on the wide ocean, and long will they remember it. In the harbor of New York, between fifty and sixty delegates, from the North and East, met on board the steamer "Southerner," on Saturday afternoon, bound direct for Charleston. The afternoon had been pleasant, and as

we dropped down quietly out of the bay, with its islands and thousand ships, all on board was life, animation, and gayety. But before we were fairly out upon the ocean, the shades of evening had gathered around, and the signal for supper called our company to its first general meeting in the spacious dining saloon. On looking around the long table, I observed every seat full, and here too all was animation and enjoyment. In the company were mingled the old and the young, the grave and the gay. Conspicuous among the former were the venerable Drs. Tilden, of Ohio, Adams, of Boston, Goodyear and M'Intyre, of the interior of New York, whose whitened locks and steady steps betokened the influence and weight of years. Some of these had not only toiled for half a century in the profession, and seen the wilderness literally converted into cities around them, but they had followed the camp of our armies, on the northern frontier, during the war with Great Britain, and spent their best days in mitigating the evils of human slaughter. Among the latter, were the middle-aged, and younger members of the profession, once fairly released from the cares of the sick chamber, and beyond the reach of new calls for a week, at least. Nor was the company made up of sage doctors alone. For Dr. Moran, of Providence, had in company his two daughters, and several others their *fair* companions, all of whom contributed to the social enjoyment of the occasion. As the evening stole away, one after another retired to their state-rooms and berths, apparently as quiet and secure as in their private dwellings among their own native hills. In the mean time, the good steamer had been urging its way out upon the bosom of the broad ocean. Soon, nearly all on board, except the ever toiling mariners, were wrapt in the embrace of sleep. But midnight comes, and what a change! The rain pours in torrents on the decks, the wind rattles every movable thing on board, the sailor treads heavily and hurriedly to and fro, while wave after wave breaks in torrents of spray around the ship, giving a mingling of sounds heard nowhere else, but on a lone ship tossed upon the wild and boisterous waters. In the mean time, the swaying of the ship rocks the sleepers in their berths like the child in his cradle. But, alas! that rocking soon awakens a large proportion of our doctors, with feelings very much as though they had swallowed half of the ipecac in a respectable drug-shop.

Long before the morning dawned, the heaving and groans of the sick were heard on every hand, mingling with the wild tumultuous elements around us; but the dawn of the morning brought no change. A storm had begun, which continued with little or no abatement until the following Monday night. During the whole of Sunday and Monday, the saloons and decks were alike lonely; the bountifully spread dining-table found few patrons; while the old and the young, the mothers and daughters, alike found abundant employment in the struggle to keep their stomachs in the place where nature designed them. Few, very few, of all our professional company escaped the dreaded *sea-sickness* during that storm. But among that favored few was the writer himself. Though never before fairly in sight of the broad ocean, and though feeling a cordial sympathy for the sick, yet being entirely exempt himself, it was a season of peculiar enjoyment.

In the brief intervals when the falling rain would cease, to take a station on the upper deck, partially sheltered from the spray, behind the upper part of the wheel-house, and then gaze above on the broad heavens, curtained with dark floating clouds, below on the boundless, rolling, roaring billows, crested with foam, and, every now and then, not only dashing their spray full over the top of the wheel-house, but high up on the smoke-pipes; the good ship, now pointing its bowsprit heavenward, and now sinking it even beneath the waves, while the steady stroke of the engine, guided by a single *human* hand, and urging its way hour after hour over the mighty mass of tumultuous waters; was to have the mind filled with conceptions of the sublime, the boundless, the mighty, mingled with ideas of human progress and mechanical triumphs, which no language can express.

At length Tuesday morning came, and with it a new scene. At midnight the storm had ceased, and the winds lulled to a gentle breeze. The sun rose clear and brilliant as a meteor, darting his silvery rays over the surface of the wide waters, now moved only in ripples. To the quickened stroke of the engine had been added a broad sheet of canvas, to catch the force of the breeze, and our good ship was speeding like a bird over the waters; and one after another of the timid and sea-sick passengers came from their berths and state-rooms, to inhale once more the free, fresh

air, and feast the eye on the beauty of a clear blue sky and a glowing sun.

In a very brief time the whole ship was as full of life, gayety, and social enjoyment as when she moved out of the harbor of New York, on the Saturday previous. But now the hour had come and gone, when we should have been landed in the capital of the Palmetto State, and been mingling with our professional brethren from the south. We had been so much retarded by the storm that we did not reach Charleston until six o'clock on Tuesday evening. Just before we entered the harbor, we passed the propeller from Philadelphia, on board of which was also a large number of delegates, who had been subjected to the same peril and delay as ourselves. All, however, arrived in safety, and though a little too late to participate in the business of organizing and choosing officers for the ensuing year, yet I trust all of us wiser and better for our voyage. Some reader may wish to know what all this has to do with a history of the American Medical Association? I answer, much, very much! For no one incident better illustrates the wisdom of that constitutional provision which requires the Association to meet successively in different sections of our widely extended Union. Impelled by the strong desire to attend each anniversary meeting, hundreds are annually drawn from the narrow circle of home, with its sectional prejudices, and made to pass over geographical lines, through novel scenes, and amidst social relations, which break our prejudices, enlarge the field of mental vision, impress on the tablet of memory a thousand green spots, and weave continually new cords with which to strengthen the bonds of our great social and political union.

Immediately after the Association had been called to order in the morning, and the Chairman of the Committee of Arrangements had presented the list of delegates, the President read a letter from Dr. Alfred Stillé, of Philadelphia, resigning the office of Secretary to the Association, which he had held ever since its first organization. Dr. Stillé had labored assiduously to advance the interests of the national organization, and was constrained to resign his post of active duty, only on account of feeble health, and a desire to spend some time abroad.

An election of officers then took place, in the usual manner, and resulted as follows, viz:—

President.

JAMES MOULTRIE, South Carolina.

Vice-Presidents.

GEORGE HAYWARD, Mass.; B. R. WELLFORD, Virginia;
R. D. ARNOLD, Georgia; G. B. FLINT, Kentucky.

Secretaries.

H. W. DE SAUSSURE, S. C.; P. C. GOOCH, Virginia.

Treasurer.

ISAAC HAYS, Pennsylvania.

At the previous annual meeting of the Association, Dr. Daniel Drake, of Ohio, had proposed an amendment to the Constitution, in such a manner as to allow permanent members, who were not delegates, the right to vote, and also to require members by *invitation* to be proposed in writing, signed by five members. On motion of Dr. Gaillard, of South Carolina, the proposition was taken up for consideration. It elicited considerable discussion, but was finally lost by a decided vote.

During the morning session of the second day, Dr. Isaac Hays, of Pennsylvania, presented the report of the Treasurer, and the Chairman of the Committee on Publication, which was accepted, and the resolutions accompanying it adopted.

The report of the Standing Committee on Surgery was presented, and read by the Chairman of the Committee, Dr. Paul F. Eve, of Georgia, and referred to the Committee on Publication.

Dr. A. Flint, of Buffalo, New York, sent his report from the Standing Committee on Practical Medicine, in printed form; and it was referred to the Committee on Publication, without having been read.

During the afternoon session, the Committee on Prize Essays presented their report, awarding the prize to Dr. John C. Dalton, Jr., of Boston, for the essay "On the Corpus Luteum of Menstruation and Pregnancy."

The report was accepted, and the essay referred to the Committee on Publication.

Dr. Storer, of Boston, Chairman of the Committee on Obstet-

rics, read his report, which contained some statistics furnished by Dr. Ramsey, of Georgia. Some member or members from the latter State expressed doubts in reference to the correctness of these statistics. In consequence of this, Dr. Robertson, of South Carolina, moved that the report be recommitted to the Committee, with the privilege of altering the same, which motion was adopted. After consulting some of those members who were presumed to know something of the probable reliability of the author of the statistics, Dr. Storer thought best to erase them from the report. This being done, he re-presented the report, which was accepted and referred to the Committee on Publication, in the same manner as all the other reports. This is the simple history of a transaction which subsequently called down upon the Association a great amount of scandal and reproach. It was immediately alleged, in certain quarters, that the objections to Dr. Ramsey's statistics were made to gratify personal malice; and that the Association had lent itself to a scheme devised for the purpose of destroying individual character.

The *Northern Lancet*, a monthly periodical published at Ogdensburg, New York, took the lead in denouncing the whole Association, in no measured terms. There was a reason for this, however. The Professor of Obstetrics in the New York University, whose clinics so frequently occupy the pages of the *Lancet*, was the man who, immediately after the organization of the first National Medical Convention, in New York City, moved that it adjourn *sine die*, without the transaction of any business. Hence, in making war on the Association, the *Northern Lancet* was only endeavoring to gratify his special friend in New York. Some of those conducting journals of respectability, however, also commented on this act of the Association, as one calculated to do an individual injustice.

But it is not easy to conceive how the Association, as a public assembly, could have acted more cautiously or more honorably. A report is made by a Standing Committee, containing a number of alleged facts, furnished by an absent individual, personally entirely unknown to nine-tenths of the members present. One or more, who are presumed to have some knowledge of the matter, object to their authenticity. What shall be done? It is impossible for the meeting, as a body, to institute an inquiry into

the facts of the case, and hence no action can be taken directly on the part of the report which has been called in question. Hence there was but one proper course to be pursued, viz: to *re-commit* the whole report to the Committee from which it emanated, with permission to make additional inquiries and alter or amend it as should be deemed proper. In doing this, the Association certainly in nowise impeached the character of Dr. Ramsey, or decided on the merits of the matter he had furnished to the Committee. If any injustice was done him, it was the act of the Committee, and not of the Association. And there can be no doubt but that if Dr. Ramsey had spent half as much time in collecting such collateral evidence as would have fully sustained the correctness of his statements to the Committee, and re-presented them to the next succeeding meeting, as he did in maintaining a bitter personal controversy concerning the matter, he would have received full justice from the Association, and saved no little scandal to the profession. A similar remark is still more applicable to those who, like the editor of the *Northern Lancet*, seized greedily on the present occasion to denounce the Association, and impugn the motives of its members. Had they spent the same amount of time in attending the annual meetings, making the personal acquaintance of its members, and in honestly striving to increase its usefulness, they would have increased, in an equal ratio, their own enjoyment and the welfare of the profession.

During the third day of the session, the report from the Standing Committee on Medical Literature was presented and read by Dr. T. Reyburn, of Missouri, Chairman of the Committee. The only resolution appended to the report was the following, viz:—

“*Resolved*, That a special committee be appointed, to take into consideration that portion of this report which refers to the organization of a society for the *reception and discussion of original scientific papers*; and that said Committee be, and is hereby instructed to present the details of a plan, if deemed by them expedient, for such a society or section, at the next annual meeting.”

Many members of the Association had felt at each annual meeting that too much time was taken up in discussing miscellaneous resolutions, chiefly relating to the education and ethics of the profession, and in having lengthy reports from standing committees, thereby leaving no time for reading original papers, and

discussing questions strictly scientific in their nature. The object of the resolution quoted, was to remedy this defect, by establishing a distinct *section* of the Association for that special purpose. The subject was referred, however, to a special committee, previously appointed, on the organization of the Association, consisting of Drs. Hays, of Pennsylvania, Stevens, of New York, Yardley, of Pennsylvania, Storer, of Massachusetts, and Jones, of North Carolina.

The Committee, in their report, recommended no action on the subject, in consequence of other important changes which were made in reference to the organization of committees.

At the meeting of the Association in Cincinnati, the subject of *Demonstrative Midwifery* was referred to the Standing Committee on Medical Education.

Dr. Worthington Hooker, of Connecticut, Chairman of that Committee, read a report on that subject, which was not only referred to the Committee on Publication, but its sentiments were approved by a unanimous vote of the Association.

Dr. White, Professor of Obstetrics in the Medical Department of the University of Buffalo, had on one occasion introduced a female in *labor* before the graduating class in that institution, and so far exposed her, as to enable them to witness the termination of the labor. This was called *demonstrative* midwifery, and its propriety was much discussed both in and out of the profession. It was on this subject that the Committee on Medical Education was required to report. The general character of that report, which was so fully sanctioned by the Association, may be gathered from the following brief extract:—

“Granting all that can be claimed with any plausibility for the advantages mentioned, they are not of sufficient value to make it proper that woman in the hour of her extremity should be made the subject of a public exhibition. But we not only object to the mode of instruction, adopted in the plan at Buffalo, as unnecessary, but we object to it, also, as being utterly *incompetent to give the student that knowledge which he needs in the practice of obstetrics*. It cannot take the place at all of what may properly be termed clinical instruction in midwifery. A single hasty examination by the touch in the course of the labor, and a *view* of the conclusion of the process, can supply the student with but a very small

part of that practical knowledge which he needs when he comes to take charge of patients upon his own responsibility alone. This knowledge he can obtain effectually only by taking care of cases of midwifery during his pupilage under the supervision of his preceptor. A single case, thus managed, will teach him more than a multitude of such exposures as that which was made in the Buffalo Medical College, possibly could do."

At a subsequent stage of the session, Dr. W. Hooker presented the report of the Standing Committee on Medical Education.

The report was well written, and embraced much valuable knowledge, and, after having been read, it was accepted and referred to the Committee on Publication. The resolutions appended, were also adopted, but they simply reaffirmed the action taken by the Association at its former meetings.

Dr. Bennet Dowler, of New Orleans, Chairman of the Committee on Medical Sciences, presented the annual report through Dr. E. D. Fenner, and it was accepted, and referred to the usual committee.

Dr. Gaillard, of South Carolina, Chairman of the Committee on Hygiene, presented a report which received the usual reference.

The report of the Standing Committee on Surgery was presented by Dr. Paul F. Eve, of Georgia, and was referred to the Committee on Publication. All these reports of standing committees, together with the Prize Essay of Dr. Dalton, may be found in the fourth volume of the *Transactions* of the Association.

The last named paper is accompanied by well executed plates, and the whole makes a volume of six hundred and seventy-seven pages, well worthy of perusal by every member of the profession.

On the last day of the session, a paper styled "An Experimental Inquiry concerning some points connected with the Processes of Assimilation and Nutrition," was presented and read by Dr. N. S. Davis, of Illinois. This paper was read only a little before the hour of final adjournment, and seemed to attract but little attention, although it contained some analyses and experiments of value. It not being referred to the Committee on Publication, soon after the adjournment it made its appearance in the columns of the *North-Western Medical and Surgical Journal*, published at Chicago, Illinois. Some of the experiments it contains have an

important bearing on the commonly received doctrines in relation to the uses of the *fibrin* of the blood.

One of the most important acts of the present session was the adoption of an amendment to the Constitution of the Association, offered by Dr. Isaac Hays, at the annual meeting in 1849. The amendment reads as follows, viz:—

“*Resolved*, To strike out all that relates to Standing Committees on Medical Science, on Practical Medicine, on Surgery, on Obstetrics, on Medical Education, and on Medical Literature.”

By this, all the Standing Committees provided for by the Association were abolished, except the Committees of Arrangements, and of Publication. The Association had evidently become somewhat wearied with the *lengthened abstracts* which had been annually presented by the Standing Committee in the form of reports. It was alleged that a copy of *Braithwaite's Retrospect* or of *Ranking's Abstract* would answer as well as these annual reports; and that such action should be taken as would efficiently encourage original investigations in relation to special topics of interest. To accomplish this, Dr. G. B. Wood, of Pennsylvania, offered the following resolution, which was adopted, viz:—

“*Resolved*, That a committee of seven be appointed, to take into consideration the arrangement of committees for future action, and to report as soon as possible.”

The Committee consisted of Drs. G. B. Wood, of Pennsylvania, D. Drake, of Ohio, A. H. Stevens, of New York, W. Hooker, of Connecticut, Horatio Adams, of Massachusetts, B. R. Wellford, of Virginia, and S. H. Dickson, of South Carolina.

At a subsequent period of the session, Dr. Wood, the Chairman of this Committee, presented a report, the chief recommendations of which are contained in the following extract, viz:—

“It appears to them that the most feasible plan of accomplishing the objects of the Association is, to select certain subjects, which may be considered as suitable for investigation, and to refer these subjects to special committees, to be appointed before the close of the present session, and to report to the next.”

This report also recommended the appointment of a Committee on Volunteer Communications, which should be authorized to award a prize of fifty dollars for each of the essays approved by it; not, however, exceeding five in number in one year. The

report of the Committee was accepted, and its recommendations adopted by the Association.

This led to the appointment of *twenty-seven* special committees. Eight of these were instructed to report on the epidemics of different parts of the United States; and to each of the remaining *nineteen* was referred some special subject of importance on which they were to report at the next annual meeting. The Committee appointed to receive and examine Volunteer Communications, consisted of Drs. George Hayward, J. B. S. Jackson, D. H. Storer, and Jacob Bigelow, of Boston, and Dr. Usher Parsons, of Rhode Island.

This annual meeting was continued until the afternoon of the fourth day. Besides the items of business, to which I have alluded in this brief sketch, many others of a miscellaneous character were introduced and acted upon. But throughout the entire session, the utmost harmony and good feeling prevailed among the members. The delegates were received, both by the profession and the citizens of Charleston, with the most cordial hospitality. Besides the generous hospitalities of individual members and citizens, the Medical Association of South Carolina provided, on the evening of the third day of the session, a splendid banquet, which afforded a pleasant season for social intercourse and festive enjoyment. The banqueting hall and tables were richly ornamented, and the latter loaded with every delicacy which the season and climate could afford. There, too, for the first time in the history of the Association, wines and strong drink were freely furnished as a part of the entertainment. Thus, a practice which commenced in Boston as a very simple and unostentatious collation, serving only as the occasion of a great and delightful social entertainment, became in Cincinnati a much more bountiful and costly public dinner, and, in Charleston, one still more elegant and costly, with the addition of those drinks which beguile the unwary, and "intoxicate the brain." In addition to all the other means of entertainment, an invitation was given, to make a steamboat excursion up the Ashley and Cooper Rivers, far enough to reach the rice plantations on their banks. This trip was peculiarly pleasant and instructive to the delegates from the Northern and Eastern States, and long will their memory of Charleston be associated with feelings of the liveliest pleasure. The Association formally adjourned on the afternoon

of the fourth day; having previously fixed upon the city of Richmond, Va., as the place for the next annual meeting. Many delegates returned northward by the same steam-vessels that had brought them from New York and Philadelphia; and their homeward voyage was as pleasant and tranquil as the former one had been boisterous.

ART. II.—*Correspondence with the late Doctor Jonathan Pereira, of London.* By STEPHEN W. WILLIAMS, M. D., late of Deerfield, Massachusetts; now, of Laona, Winnebago County, Illinois.

LETTER II.

DEERFIELD, MASSACHUSETTS, UNITED STATES OF AMERICA, Feb. 20, 1841.

TO DR. PEREIRA.

RESPECTED SIR: Your very interesting letter of the 21st Nov. 1840, with the accompanying papers and documents, reached me after about as long an interval as elapsed between the writing and reception of mine. I do not know what the reason can be, now that our steam-vessels ply so regularly once a fortnight between our respective countries, that they should be so long delayed.

I am greatly obliged to you for your kind letter, and for your pamphlets, and particularly your historical table of the *Materia Medica*. To me this was peculiarly interesting, as I love to delve in antiquarian lore, and I wish I had greater opportunities to indulge myself in it. I think you have done us pretty good justice in your enumeration of our writers on the *Materia Medica*. Our countrymen have published numerous interesting papers on this subject in our medical journals. Perhaps more has been published in this way than in separate works. I can, however, mention a few other authorities which you have not referred to, viz: Duglison's *New Remedies*, 3d edition, 1840; Ewitt's *Materia Medica*, in connection with his *Medical Companion*, 1834; Zollickoffer's *Materia Medica*; Rafinesque's *Medical Botany*, 2 vols. 12mo. 1828; Carpenter's *Materia Medica*, 2d edition, 1833; Togno's *Manual of Materia Medica*, 2d edition, 1838. Several foreign works have been republished in this country, with notes by our physicians, such as Paris's *Pharmacologia*, with notes by Dr. A. W. Ives; Murray's *Materia Medica*, with notes by Beck; Edwards and Vavas seur's *Materia Medica*, with notes by Togno and Durand. Dr. Eli Ives, of New Haven, and Dr. Tully, of the same place, have enriched our periodicals with their communications on this

subject. One of our ablest professors on the *Materia Medica*, but who has not published much, is Dr. John Delamater, who is now connected with several of our most distinguished medical schools. I deeply regret that I have not been able to procure your late work on the *Materia Medica*. I have repeatedly sent to New York for it, but have never been able to obtain it. I wish very much to see it. I perceive it is very highly spoken of in our journals.

The limits of this letter, which, at best, must be very much extended, and I fear very tedious to you, will not allow me to enter very minutely into the medicinal properties of many of our indigenous plants. Indeed, this would require a very large volume; and I hope in a few years, and perhaps within a year or two, the *Medical Botany* of Dr. Lee, of which I spoke to you in my last letter, will make its appearance, and which will supply the desideratum. I cannot, however, refrain from mentioning a few articles or plants, which are in considerable use here, and are considered to be valuable by regular physicians. Among our astringents may be mentioned the *Alnus serrulata*, *Erigeron canadense*, *Geranium maculatum*, *Lycopus virginicus*, *Quercus* (of which we have at least twenty-eight species), *Sproca tomentosa*, the various species of *Trillium*, &c. &c. An article of mine on the *Trilliums* is published in the *New England Journal of Medicine and Surgery* for 1823. I may also add that we have valuable cathartics in the *Eupatorium perfoliatum*, *Juglans cinerea*, *Rhamnus catharticus*, *Podophyllum peltatum*, *Rheum* (several species), *Convolvulus*, &c. &c. Emetics in *Sanguinaria canadensis*, *Lobelia inflata* (with which the steamers are driving some business), the *Apocynum androsæmifolium*, *Cannabinum*, &c. We have no purer demulcents than those obtained from the *Ulmus Americana*, the *Viola ovata* (on which I have published an article in the *American Medical Journal* for the year 1834), the *Osmunda regalis*, &c. &c. Some of our valuable diuretics are the *Eupatorium purpureum*, *Galium aparine* and *asprellum*, *Gaultheria procumbens*, *Mitchella repens*, *Chimaphila umbellata*, and many others, too numerous to mention. I should soon fill my sheet were I to attempt even to name the twentieth part of the medicinal plants growing in this neighborhood. Before closing this, I hope to be able to procure for you a catalogue of the plants growing in Massachusetts, prepared by my friend, Professor Chester Dewey, now residing in the western part of the State of New York. This catalogue was published by order of our State Government. Similar reports have been made and published in the State by the other departments of natural history, but several of them are much fuller. That of Professor Hitchcock on the Geology of the State is now in the press, and will be published in 2 vols. 4to., with 200 engravings, and numerous colored geological maps.

The plant from which the oil of wintergreen is obtained, which you have in the London market, is, undoubtedly, the *Gaultheria procumbens*, called by the common people Partridge-berry, Chequer-berry, Wintergreen, and various other names. You will find an accurate drawing of it in the second volume of Bigelow's *American Medical Botany*. If you have not that work, one of my daughters will, with pleasure, copy the plant for you, if you should wish. This plant grows in very great abundance in this region of country, and even in this town. Tons of it have been gathered here, and have been distilled in the neighboring town of Ashfield, about fourteen miles west of this place. Independent fortunes have been made in that town by the distillation of this and many other aromatic plants, such as the various species of mint, particularly the peppermint, the golden-rod, *Solidago odora*, or *virga-aurea*. The latter yields a very fragrant oil, very similar in taste and properties to the oil of anise. There are several other plants which bear the name of Wintergreen, such as the *Chimaphila umbellata*, *Mitchella repens*, &c., but the *Gaultheria procumbens* is the only plant which yields the aromatic oil which you have in the London market, or, I believe, which is ever distilled. I think none of the rest are aromatic.

I have made diligent inquiry among my friends in Philadelphia, New York, Boston, and elsewhere, for a work containing a plate representing the manner of extracting turpentine, as practised in Carolina, but, as yet, can find none. I will prosecute the inquiry further, if you wish me to do so. The only works which I know, which mention the methods of procuring it, are the Dispensatories, and particularly the *Eclectic Dispensatory*, published in Philadelphia in 1827. It was formerly obtained in considerable abundance in this town, but our pitch pines are now nearly destroyed.

I am happy to have it in my power to answer your inquiries in relation to the fishes on our coast which yield isinglass, and concerning the method of procuring the cod-liver oil (*oleum jecinoris aselli album-fuscum*). I had seen some accounts of the medicinal properties of the oil before you wrote me, from the *Bulletin Medical Belge*, Janvier, 1838, *Hufeland's Journal*, &c. I believe it is not yet very extensively used as a remedial agent in the United States, though the article *Oleum jecinoris aselli*, in the last edition of Dunglison's *New Remedies*, will doubtless direct the attention of our physicians to it. To that article in that work I must beg leave to direct your attention. It very nearly corresponds with the verbal statements which I have received from gentlemen who have been conversant with the fisheries for many years. I live ninety miles west of Boston, and about eighty miles from the coast, and a pretty extensive correspondence has enabled me to

procure such important information as I think will be satisfactory to you.

I wrote to my friend J. V. C. Smith, M. D., Health Physician of the Port of Boston, and author of *The Fishes of Massachusetts*, in relation to your inquiries, and in reply he has given me the following information: "After many days of inquiry, I have ascertained all the facts in relation to the question you proposed to me the week before last. There are three kinds of oil known to the fishermen, two of which are the kinds probably in medical use in Germany. *First.* The Bank oil, procured from the livers of cod taken on George's Bank. *Second.* Straits of Belle Isle, and *Third.* Shore oil, made up from a mixture of the livers of cod, hake, and other scale fish. The mode of manufacture is as follows: The livers are taken into a hogshead, exposed to the influence of the sun and air during the voyage, and very soon appear to melt down, little and little from day to day, and the oil is dipped off and secured in casks. This is all the process, and this relates to the Bank cod oil. This is regarded an excellent article, a little reddish in tinge. That taken from the livers of cod taken in the Straits of Belle Isle, is prepared precisely in the same manner, and is considered the best known, and has a palish hue. That made from all sorts of liver is poorer in quality, and therefore less valued by dealers in oil." Dr. Smith says the following constitutes all the *essential*, if not all the facts in relation to the preparation of *Isinglass*. "The sounds or air-bladders of the common hake, *Gadus merluccius*, are thrown into water to macerate a very little while, when they are taken out one at a time, and rolled between two iron rollers, which actually elongate each round to half a yard or more in length, like a ribbon. They are then carefully dried, packed, and sent to market. The common cod will yield a poor sort of *isinglass*, but the hake is only known to the extensive manufacturers in this country as fit for this purpose.

Since writing the above, I have received a letter from my friend, Dr. Charles A. Lee, of New York, of which the following is an abstract: "Isinglass, as an article of commerce, is obtained in this country, chiefly from the sounds of the cod (*Morrhua vulgaris*). In Europe, especially in Russia, from which it is chiefly brought, it is obtained from the sturgeon, of which there are four species." He says that "you state that it is obtained in New York from the *Labuss quitique* of Mitchell." (*Mat. Med.*, vol. ii. p. 1384.) This is our "wick fish," the *Stotilhus regalis* of Cuvier. He thinks you are mistaken about this. "Dr. Mitchell only states that he has ate as good *blanc mange* made from the isinglass obtained from this fish as that from the cod. It may, and occasionally is, got from all our small fish, but never as an article of commerce." He says he thinks you are mistaken in saying that

ribbon isinglass is obtained from the *intestines* of the cod. It is always got from the sounds or swimming-bladders, which are nearly pure gelatin.

"As to cod oil," he says, "I have obtained a great deal of very interesting information, which I believe I will write up into an article for Silliman, or somebody else. Our oil merchants deal extensively in fish oils, which are obtained from the livers of the cod, haddock, shark, mackerel, and, in fact, numerous species of fish. The shark liver is particularly productive, and yields several gallons. All this goes under the name of cod oil, or liver oil, though there is also a dog and a manhaden oil, which is from the body of the fish, and not the liver. It is never obtained by boiling, as whale oil is, but always by exposing the livers in tubs to the heat of the sun, or, if the weather is cold, to a moderate artificial heat, when the whole putrefies and melts into oil. This will never happen, I suspect, with the livers of any of the cetaceous tribe of fishes, as the whale, porpoise, &c. Of course there is a good deal of water and mucilage, pieces of membrane, and shreds of fibres contained in the oil, and it is almost always greatly adulterated, containing many extraneous substances, and much water. To such an extent were these frauds carried, that, in 1818, the Legislature of New York passed an act authorizing the inspection of fish oil; and it was in the same year that the celebrated trial took place for selling sperm oil without its having been inspected. The defence set up was, that '*a whale is not a fish*,' and Dr. Mitchell was brought upon the stand to sustain it. He made a great deal of sport, and among other things quoted the first chapter of Genesis, where we are told that God created fish, and afterwards he created great whales. The verdict, however, was given to the plaintiff; but at the next session of the Legislature the law was altered so as to include only 'liver oil, commonly called fish oil.' The office became, of consequence, of so little value that the incumbent immediately resigned it. This oil is employed only in softening leather in currying." He thinks you are mistaken in saying (*Mat. Med.*, p. 1386) "that cod oil is obtained from boiling the liver of the fish." None can be got in this way. The pale cod oil you mention, is probably *seal oil* or *elephant oil*; it is not liver oil. This is always *empyreumatic*, and answers to that described by the German pharmacologists under the name of "*Oleum jecinoris aselli fuscum, seu empyreumaticum.*" He says I may confidently assure you that any other kind than this, which goes under the name of *cod-liver oil*, is spurious.

He says you will find a very interesting account of the mode of obtaining turpentine, and making tar and pitch, in an *Historical Account of the Colonies of South Carolina and Georgia* (vol. ii. pp. 96, 97), printed for A. Donaldson, London, 1779. This work may be found in any of the great public libraries in London. He

thinks your account of the turpentine is certainly very interesting. In the same work (vol. ii. p. 240) you will find a very full account of the manner of cultivating and making indigo. He says he received your great work on the *Materia Medica* (pages 1440) in December last, and he wrote a review of it for the *New York Medical Journal*, which you will find in the January number. He has there called it the best work extant; and he speaks of you not only as the most learned, but the most judicious practical writer on the subject. Inasmuch as I have mentioned his *Medical Botany* to you, he wishes me to say to you that it lingers on account of the great difficulty and expense of obtaining suitable wood-cuts. He says he believes that he shall have to take Dr. Fralor's advice, and go to England to get them executed. Our wood engravers are wretched. He goes on accumulating material, but the work will not be put to press until the times are more favorable.

I have thus, sir, endeavored to reply to your principal inquiries, and I hope somewhat to your satisfaction. I regret that my limits will not allow me to go more into detail, especially upon the medicinal properties of many of our valuable plants. This, if you please, I will attend to at a future time.

And now, sir, will you permit me to trouble you with a few inquiries in relation to your medical, scientific, and philosophical institutions, in which I have always taken a great interest? I wish particularly to know something more in relation to the Royal Society of England, which I have ever considered to be the most learned society in the world. I would like to know the number of volumes which it has issued, and whether the society is still as efficient as it was in days of yore. We have the *Transactions* of that society in Cambridge College, Massachusetts, in the Boston Athenæum, and in some other libraries in this country; but as I live at a distance from them, I do not often have the pleasure of seeing them. I have Thomson's abridgment of that work in quarto. I am also quite desirous of knowing more about your Linnæan Society, as I have a great fondness for the study of natural history, and particularly of botany, so far as it relates to medicine. Can you give me the names of some of my countrymen who belong to this society? As I do not see the *Transactions*, I should be pleased to see the constitution of it. I wish also to inquire about the Royal College of Physicians and Surgeons, and about the British Association for the promotion of science.

In the United States, some of our most distinguished literary and philosophical societies are the American Philosophical, at Philadelphia, the Philadelphia Academy of Natural Sciences, the American Academy of Arts and Sciences, Boston, the American Antiquarian Society, the Literary and Philosophical Society, of

New York, the Historical Society, of New York, of which I am an honorary member, and the Historical Societies of several States. Recently a National Society, for the promotion of science, has been established at Washington, our seat of government, and another at the new University of the city of New York. Neither of them have been in operation long enough to publish any transactions. The American Philosophical Society has published but nine or ten volumes, in quarto, of its transactions; the American Academy still less; but the Massachusetts Historical Society has published nearly thirty volumes of interesting matter. I might enlarge upon this topic, but I fear I have already written more than you will have patience to read.

In my next, if you should wish, and will inform me to what bookselling house in London to direct, I will send you my *Biographical Memoir of the Rev. John Williams*, first minister of Deerfield, who was settled here in 1686, containing a brief account of the Indian wars in the early settlement of this section of the country, and also some pamphlets, which, perhaps, may be interesting to you. I have recently prepared a volume for the press, upon Medical Jurisprudence, which I have not yet disposed of positively to any of our publishers. Should it be out before I write to you again, I will send it to you. A former edition of my *Catechism of Medical Jurisprudence* it is said has been republished in England and in France. I hope and trust, respected sir, that you will see fit to reply to this soon after its reception. In the meantime I am, dear sir,

Your sincere friend,
STEPHEN W. WILLIAMS.

Doctor Pereira's Reply to the Second Letter.

20 ARTILLERY PLACE, FINSBURY SQUARE, LONDON, March 17, 1841.

MY DEAR SIR: I have this day received your long and interesting letter, for which pray accept my best thanks. As you request me to send you an immediate reply, I do so; but you must, in consequence, be contented with a short letter. Now, therefore, let me at once proceed to notice the different topics of your letter.

1. Your information respecting the additional works on the *Materia Medica* will be very useful to me. I should be very much obliged for some catalogues of American works on medicine and the collateral sciences, published by your booksellers.

2. Your account of the American plants is exceedingly interesting. I am very much obliged to you for your information respecting the so called oil of wintergreen (*Gaultheria procumbens*). I shall not fail in my second edition to notice and acknowledge the source of my information.

3. The *American Eclectic Dispensatory* is incidentally mentioned

by you, and is not enumerated in your list of omitted works. Is this accidental, or did you omit it in consequence of it not being an original work?

4. Your information respecting the cod oil is valuable and useful. I will also acknowledge, when I use your information, the source of it. Pray accept my best thanks. Is it possible to procure samples of the different oils? I mean authentic ones of the various oils passing under the name of cod oil. I wish Dr. Lee would publish his paper soon.

5. I am obliged also for the information respecting isinglass, which I shall make use of. Pray give my compliments to Dr. Lee, and tell him I hope he will soon get out his work. If he wants any information as to the cost of wood-cuts, &c., here, I will obtain it for him. Might it not be brought out in numbers? I will endeavor to make it known at all our societies, to the parties most likely to patronize it; but, of course, he must principally rely on the American public for its support.

Many thanks for your offer of *Gaultheria procumbens*; but though I have not Bigelow's *Medical Botany*, I can see that work, and will not task Miss Williams with making a copy of the plant in question.

I will endeavor to get all the official documents connected with the societies you referred to, and will send them, through Longman's house (who will, by the way, take care of anything for me you may wish to send), to you, to the care of Little & Brown.

Believe me ever yours, faithfully,

JONATHAN PEREIRA.

(TO BE CONTINUED.)

ART. III.—*On some of the Medical Virtues of Indigenous Vegetables grown in the United States.* By ARIEL HUNTON, M. D.

No. 5.

Emetics.

LOBELIA INFLATA, *Indian Tobacco*, is the most useful and safest emetic growing with us. Having previously described this article in the REPORTER, my remarks, in the present case, will be brief.

I use a saturated tincture of proof spirit with pulverized sang. canadensis. Were I wishing to prepare Oi, I should fill a pint vessel with the leaves and capsules of the plant, ʒiv of sang. can. pulv., then fill the vessel with proof spirit, cover close, stand

four days in a warm room, strain with pressure. In the use of this article, a stimulant is indispensable, to obviate the distress it occasionally causes in the stomach, which, I feel confident, is from *direct debility*.

A cup of mint, thoroughwort, or ginger tea, with five grains of capsicum; then add ʒss of the tincture; mix. Give a teaspoonful once in twenty minutes, or until nausea subsides, if present; give this quantity about four times, then increase the quantity to a tablespoonful or more. After each exhibition, wait until the nausea subsides, if any exists. I aim to have the emetic remain in the stomach about one hour before operating. Drink plentifully of herb tea, or warm water, while taking the emetic. I use this article to equalize the circulation, and excite a healthy action in the secreting organs. Among the qualities of this article, it is an exciter of uterine pains, in lingering obstetrical cases. Give half a teaspoonful of the tincture, in some suitable vehicle, every half hour. I use *this* when there is a strong prejudice against ergot.

Following the above directions, lobelia will operate easily and kindly, and as sure as any other emetic; it equalizes the circulation, excites all the secretions, induces a healthy action, relieves dyspnœa, diminishes pleuritic pains, &c. &c.

VERATRUM VIRIDE, *Indian Poke-root, White Hellebore, &c.*—Much has recently been written in the various medical journals of our country on the medical virtues of this article. I can indorse all I have read on the subject. It is a powerful drastic emetic, and will diminish arterial action as speedily and effectually as any article within my knowledge. I never administer it as an emetic uncombined. In the course of my practice, I have several times been called to patients who have taken it by mistake; no pulse could be discovered at the wrist, death portrayed on every feature, and both patient and friends despaired of life. One case was asthmatic; his wife grated some poke-root, thinking it *arum triphyllum*; it cured the paroxysm. It is a powerful remedy in acute rheumatism, and an effectual sternutatory and discutient, and useful in chronic rheumatism. My friend, Dr. F. W. Adams, of Montpelier, a bold practitioner, gives the saturated tincture in acute rheumatism, in the following manner: Twenty drops first dose; in twenty minutes, forty drops; in twenty minutes more, sixty drops. His observations on the operation were: the patient's

attendants will think him dying; when the operation of the emetic has ceased, it is expected the patient can use his limbs, and is cured. In order to insure a milder operation, I combine forty drops of the tr. with ʒss of tr. lobelia. Two to three of these emetics will usually perform a cure. This article should be in more general use.

PHYTOLACCA DECANDRA, *Garget—root and berries.*—The name *poke*, with us, is applied to *veratrum viride*.

The root of the phytolacca is a powerful emetic, and in a full dose has a drastic operation as a cathartic; combined with ipecac. or lobelia, is more safe and useful. I usually use it in syrup, as an alterative in glandular swellings and vitiated humors.

A tincture of the root and berries is much used here, in domestic and regular practice, in chronic rheumatism.

The saturated tincture of the root or berries may be taken three times a day, commencing with gtt. xx; increase as the stomach will endure. In this way, it is useful in costive habits and many other ailments.

SANGUINARIA CANADENSIS, *Bloodroot.*—This is one of our best indigenous remedies, and is, in *this vicinity*, in constant use with the faculty.

It is an irritating emetic, an alterative, anti-asthmatic; very useful in croup, cynanche tonsillaris, and in all diseases of the throat. A pinch of the powder, sprinkled in the throat every half hour, will arrest an inflammation of the tonsils in the incipient stage, and prevent maturation.

I usually combine some other article with sanguinaria, when used as an emetic, in consequence of its irritating properties. This property will facilitate the operation of other emetics, when the stomach is inactive, as in lung fever with children, when it is very difficult or impossible to cause emesis with ipecac. Combine the tr. sang., and you will readily produce vomiting, to the great relief of the little sufferer. The pulverized root, snuffed or blown up the nostril, will cure a recent polypus. If of long standing, add some alum; and this is useful to apply to an open cancer. It is an ingredient in most of the sternutatory snuffs. It is also much used as an escharotic to fungous surfaces.

SERRATULA ARVENSIS, *Canada Thistle.*—The root of this plant is emetic and alterative; useful in hooping-cough. A strong de-

coction of the root given to a child affected with this disease, so as to induce full vomiting, will mitigate the cough in about four out of six, and the disease will be less troublesome through the term. When the whooping-cough is epidemic, I suggest the use of this article, and have seen marked good effects from its use for over thirty years.

DIRCA PALUSTRIS, *Leatherwood*.—The bark is very tough, and used for strings. It is by some called *Wicopy*.

The bark of this shrub has a biting, stimulating taste; will inflame the skin when applied to it; is a powerful emetic. The most knowledge I have of its operation, is where persons have chewed the bark, unconscious of its effect, and caused emesis.

An article of such great activity should be further investigated.

Cathartics.

JUGLANS CINEREA, *Butternut*.—This is the best, and only reliable cathartic indigenous in this vicinity. The extract of the inner bark is used alone, or compounded with other articles as a cathartic or laxative in costive habits. It does not, like many other articles, leave the bowels in a constipated state.

In compounding other articles with the juglans, when the extract is of the consistence of tar, I stir in jalap, or aloes, and ginger as a carminative; it thus operates more powerfully and kindly.

It is stated, and *justly*, that several cathartics combined, operate more effectually than either separately. The addition of a carminative is a useful ingredient to any cathartic.

The inner bark of the sprouts or twigs, scraped fine with a knife, is as powerful a stimulant or counter-irritant, applied to the skin, as any article I ever used of vegetable origin. It will vesicate.

Two or three pills of the compound extract, as above, will usually operate kindly and effectually.

RHEUM RHAPONTICUM, *Pie-Rhubarb* (exotic).—This article is cultivated in our gardens, and is considerably used in domestic practice. Not used much by the faculty.

PODOPHYLLUM PELTATUM does not grow with us.

SAMBUCUS NIGRA, or *CANADENSIS*.—The flowers, berries, bark, and root, are all possessed of cathartic or laxative properties, more especially the root, which I use in an alterative syrup, espe-

cially in costive habits; the flowers are the laxative I order for infant children. I am averse to drugging them when they first come to see us.

IRIS VERSICOLOR, *Blue Flag*.—The root in a green state is possessed of cathartic, emetic, diuretic, and discutient properties, and is a valuable ingredient in the following recipe.

CARDUUS (probably) MAGNUS, the largest thistle growing with us, is by the people called *Bull Thistle*. The root has cathartic properties.

RECIPE.

A powerful vegetable discutient ointment.

To discuss phlegmonous or chronic tumors, particularly inflamed mammæ.

Chronic rheumatism may be promptly relieved by its application.

I have used this article more than thirty years, and can pronounce it a powerful and effectual article.

I obtained the recipe, surreptitiously, from a so-called Indian doctor:—

R.—Phytolacca decandra, rad. (recent); iris versicolor, rad. (recent); blue-berried dogwood (*cornus circinata*), cort. (recent), āā ʒii. Bruise and simmer in lard lbj; strain.

HYDE PARK, VERMONT, Dec. 1854.

BIOGRAPHY.

ART. IV.—*Biographical Sketch of James Moultrie, M. D., of Charleston, S. C.*

THE subject of this memoir was born in the city of Charleston, State of South Carolina, on the twenty-seventh day of March, seventeen hundred and ninety-three. The names of his ancestry are honorably recorded in the revolutionary as well as medical history of the country. He is the fourth, in four successive generations, who gave themselves to the vocation of medicine. He received the early portion of his preliminary education at home, the late in England, at the town of Hammersmith, then not far distant from London, under the direction of its eminent Principal,

who had been an inmate and private tutor in his grandfather's family.

This school, which was one of the best in that vicinity, had many scholars, living within a campus, and subject to a discipline analogous to our own colleges; the branches of education taught therein being the ancient classics, the French and Italian languages, mathematics, drawing and painting, music and dancing. Besides these, it was the usage of the principal frequently to take with him to London members of the higher classes, to attend the public lectures on astronomy and other kindred subjects, at which he delighted to be present also.

It was the misfortune of young Moultrie, however, to have been under the necessity of leaving England, soon after the finishing classes had entered upon the concluding term of discipline, in which the members were chiefly occupied in recapitulations, and the further exercises of translating extemporaneously, from one language into another, from Latin chiefly into French, and *vice versa*, as well as into English, under the oral diction of the head of the school, in consequence of the encounter between the Chesapeake and Leopard, and the apprehended difficulties which eventuated in the war of 1812. This was felt by him as a severe calamity, occurring, as it did, at so important a period of life, and so likely, for that reason, to be irretrievable. His return took place in the autumn of 1808.

On his arrival in Charleston, a commission was procured for him as a cadet at West Point, and preparations entered upon to enable him to effect an early entrance into that seminary; but, other and perhaps wiser counsels prevailed. A personal preference having been expressed for medicine, the profession of his progenitors, he at once entered the medical office of the firm of Barron and Wilson, two distinguished practitioners of that day, and commenced reading the *Edinburgh Pharmacopœia*, *Materia Medica*, and *First Lines* of Cullen, together with the compounding of formulas and prescriptions. About a year after, he left them and went to the Marine Hospital, where he became a pupil of Dr. Geo. Hall, for the purpose of enjoying the further advantages of clinical instruction, post-mortem examinations, and anatomical dissections; and of simultaneously attending a private infirmary, for people of color, established by the same individual, jointly with Dr. Thos. Akin.

The winters of 1810-11 and 1811-12 were spent in Philadelphia, in attendance on the lectures, in the time-honored University of Philadelphia. At the end of the second season, he graduated, and immediately returned to the scene of his future labors.

His father, having declined in health, and being no longer able to discharge the duties of the office which he had long held as Port Physician, and Physician to the Jail, as well as Magazine Guard, consisting of a small body of State troops, organized for the protection of the State ammunition, that appointment, through the agency of a patron, was conferred upon him by the then Governor of the State, Jos. Alston; an honor and a position which he continued to enjoy and to hold for many years. Hostilities, too, between Great Britain and the United States having actually commenced, and the State of South Carolina having been under the necessity of organizing two regiments of infantry and a battalion of artillery, under the orders of the General Government, the post of surgeon, in a civil capacity, to the latter, was tendered him and accepted, until that vacancy could be regularly filled. This condition, however, was never fulfilled, and he continued in the discharge of the obligations incident to the trust, until the end of the war, when the troops returned to their homes. During the encampment, which was in a place subject to the influence of malaria, the members of the battalion suffered, in common with those of the regiments, with fevers, dysentery, and pneumonia; but it was their good fortune, nevertheless, to retire from the field without having occasion to lament the loss of a single comrade. His intimacy, too, with the members of the profession in charge of the two adjacent regiments, afforded him daily opportunity of witnessing, and often of assisting in their practice, a privilege of which he frequently availed himself, thereby enlarging the sphere of his experience, and of preparing for his future duties.

During the same period, as well as afterwards, his visits to the Marine Hospital were uninterrupted, and the duties of the incumbent often performed for him for considerable periods of time; in one instance this lasted for a year. Connected with it was the enjoyment of other advantages besides the clinics; the study of pathology, and permission to use the operative room for dissections in anatomy and the delivery of lectures. These opportunities were accordingly so employed for several seasons, in the

presence, and with the aid of a reputable class, and for the sole purpose of self-instruction and improvement; it being often necessary for him, at midnight, to contribute his personal exertions in procuring the subjects necessary for that purpose the next day.

At the close of the war, accruing embarrassments having rendered necessary the transference of much property, during the course of that transference, the prisoners of war, who were accommodated in jail, gave place to inmates of a different color; and the smallpox having subsequently and unexpectedly made its appearance, opened a new scene of observation, which tended to augment the summation of his experience. A similar opportunity was also afforded, some time later, at the Lazaretto. Such was the general character of his initiation into the responsibilities of his profession.

In 1812, shortly after his return from the University, he was admitted a member of the Medical Society of South Carolina; and after serving in immediate succession, for the term of two years each, as Secretary, Treasurer, and Vice-President, he was unanimously elected, in 1821, President of the same, and again in 1822. During the second year of his service, the idea of the establishment of a Medical College in the metropolis having been seriously entertained by the Society, yet failing to prepare for its execution in time for the meeting of the legislature, which was actually in session, and apprehending from a similar entertainment at the Capitol, the establishment of that institution, either exclusively in the latter place, or as a school divided between the two municipalities, an extra meeting was suddenly called by those immediately interested, and the President requested to draw up, by the next day, a suitable memorial. That memorial was prepared, and at the adjourned meeting unanimously adopted and forwarded. It had the effect of preventing the evils which were deprecated, though it failed to secure to the memorialists the principal objects had in view. It contained, a *sine qua non* for the erection of a suitable edifice, a petition for money: a condition which the judgments of the legislators were not willing to accord. The next year, however, on a renewal of the memorial, which was drawn up by Samuel Henry Dickson, M.D., now Professor of the Institutes and Practice in the Medical College of the State of South Carolina, in which the frustrative feature was omitted, an

act of incorporation was unhesitatingly granted, and the professors being elected by the Society, the College went into instantaneous operation. Dr. Moultrie was expected to assume the professorship of Anatomy, but declined, the reasons for which are not necessary to be detailed. On a second occasion, however, in which the Faculty of the College were induced to apply for another act of incorporation, and the Medical College of the State of South Carolina was instituted, being invited to unite with that body, as Professor of Physiology, in their renewed adventure, and those reasonings no longer obtaining, he instantly accepted the invitation, and has been associated with them ever since, in effecting the ends had in view.

Through his exertions, in a great degree, was formed the Medical Association of the State of South Carolina, the organization of which was recommended by the American Medical Association, at its own organization, in 1847, in Philadelphia, on which occasion he was elected one of its Vice-Presidents.

At the meeting of the American Medical Association, in May, 1850, in Charleston, Dr. Moultrie was unanimously elected President. His speech, on being inducted to the chair, was strikingly neat and appropriate. He presided with great dignity; and at its subsequent meeting in Richmond, read the annual address, which it is the custom of each retiring officer to deliver to the Association. His paper contains many important and valuable suggestions, relative to the constitution, functions, duties, and influences of that body, and deserves a careful reading by every member of that great national institution.

The success attendant upon the early lectures of the Faculty in the first school, having obtained from the legislature the boon which had primarily been asked in vain, and further assistance from the city council, it enabled them to erect a suitable edifice, and which was ready for the accommodation of the class in 1829. On the occasion of its opening, which was a public one, the inaugural address was delivered by the venerable Stephen Elliot, Professor of Natural History, and a member of the Faculty. It was the last of his literary efforts, he having died in the course of the ensuing spring, not long after the close of the college session. Shortly after it, Professor Moultrie received a joint application from the Faculty of the College, and the Philosophical

Society of Charleston, of which the deceased had been chief founder and perpetual President, to deliver an eulogium at the next reopening of the institution, which, on the arrival of that event, was again made a public one. The honor was wholly unexpected, but the appointment was accepted, and the duties of the trust feelingly and faithfully discharged. This address is perhaps the most elegant and chaste of all the compositions of Dr. Moultrie. While it avoids, with perfect good taste, the exaggerated language of fulsome eulogy, or indiscriminate admiration, it is full of the gentle and melancholy feeling which the occasion was adapted to call forth; and sketches with great nicety and proper appreciation the character and merits of the lamented dead, while it dwells upon the loss sustained by society in the removal of so distinguished and successful a cultivator of the natural sciences.

It has been his melancholy gratification to have been on two other occasions called on to perform a like task before the Medical Society of Charleston; one, a former preceptor, and second member of the firm, with whom he commenced his medical studies; the other, a promising young member of the profession, and *quondam* pupil; on both of which occasions, the sad duty was acceptably discharged.

In 1836, by appointment of the South Carolina Society for the Advancement of Learning, he delivered in the legislative hall at the Capitol in Columbia, before that body, the adjourned legislature, and a miscellaneous assemblage, an elaborate Essay on the State of Medical Education in South Carolina, which was printed by the Society, and appeared as the 3d number of a series of similar papers.

His account of the fossil fragments of the cranium of the celebrated Guadalupe skeleton, identifies that relic with the headless trunk from the same region, in the British Museum; and determines the question as to the ethnological relations to which the individual originally belonged.

A paper on the Uses of the Lymph, published in the 1st volume of the *American Medical Journal*, deserves our special mention. In this essay, Dr. Moultrie has carried out successfully, and as it seems to us to very important results, a suggestion, perhaps first made, and then carelessly and incidentally as it were by Blumenbach, that "the vital principle of the blood appears

immediately to reside in its lymphatic portion." Reasoning with much ingenuity and in full detail from the data accumulated by physiologists, he establishes on firm and satisfactory grounds several deductions, since that time generally received by the profession, among them the wide distinction, almost contrast, between the venous functions and the lymphatics; and clearly pointing out the several "offices or uses of the lymph," viz: "to vivify the chyle;" "to augment the animalization of the arterial blood; and lastly, to produce all those effects which constitute the phenomena of reproduction, adhesion, &c."

It is sufficient, but perfectly just praise of this admirable paper to say that nothing has been added to our knowledge of the subject since the date at which it was offered to the profession, nearly thirty years ago.

During a long life of devotion to the profession of his early choice, Dr. Moultrie has enjoyed in a remarkable degree the confidence of his professional brethren, and of the community among whom he resides. Always observant of the strictest etiquette, his manners are easy and agreeable. His practice has been large and successful, and his patients have loved him as warmly in his quality of sympathizing friend, as they esteem him in his character of physician.

He is a member of the Unitarian Church, and for a long time presided over it as chief officer of the congregation. No one of its members has done more to advance its interests, and no one enjoys a larger share of its respectful regard.

In the political contests, of which neither his name nor his social position permitted him to shrink from taking his share, he has retained the good will of all parties, while maintaining firmly his opinions as a moderate opponent of all ultra doctrines, and an advocate of the true rights of the States, and the infinite value of the Union.

In the professor's chair, he is distinguished as a profound thinker, and, as a teacher, has fully instructed himself in the farthest progress of the department of physiology. His lectures abound in minute analysis, and close and logical deduction, which he enforces graphically by physical and material demonstrations; by drawings and diagrams well conceived and adapted to the

purpose of illustrating topics so frequently difficult and obscure to classes imperfectly prepared and promiscuously collected.

But his studies and researches have not been restricted to the specialties of the profession. He has gradually accumulated a well selected and well arranged library of several thousand volumes, relating to the varied departments of human knowledge, which constitutes one of the chief ornaments of his dwelling, the indices and pencillings of which, under his own hand, attest the uses which have been made of it.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. V.—*Extracts from the Minutes of the New York Pathological Society.*

Nov. 8, 1854.

DR. COCK exhibited a specimen of cancer of the cerebellum, taken from a colored child aged 2 years. Three children had died before it, one with tuberculous meningitis, the others with tuberculous disease of the lungs. The day after the death of a brother, the child was seized with a convulsion which was not of long continuance. Renewed attacks of convulsions soon occurred, the child becoming sick at the stomach, and losing the use of its limbs. His health failed at the end of two months, and for the last six months of his life he was bedridden. His bowels were constipated. At the examination of the brain, P. M., the lateral ventricles were found to contain from $\frac{3}{4}$ iv to $\frac{3}{4}$ v of limpid serum each. The cerebellum was strongly adherent on the right side to the tentorium. In removing it, a portion of the cerebellum remained adherent to the dura mater. There was a softened mass of cerebriform matter as large as a hen's egg. Microscopical examination did not settle definitely the character of the tumor, though Dr. Clark inclined to the belief that it was cancerous. The lungs were studded with pulmonary tubercle.

DR. CLARK exhibited the œsophagus of a man who had died at Bellevue Hospital. He had been there a long time, slowly emaciating. He experienced difficulty in deglutition, a *little* food being generally rejected, as if it had passed down to some obstruction, and had come away without entering the stomach. There had been inability to take any solid food for three months, until within a few days of death, when a probang being passed down the œsophagus, an impediment was felt to give way before the

pressure, at the distance of six or seven inches from the mouth. After this the patient swallowed more easily until death. At the examination, post-mortem, a cheesy mass was found attached to the œsophagus, below the clavicle, resembling cancer. Under the microscope it appeared to be composed largely of epithelium. There was another tumor on the outside of the stomach, of the same material. The mesenteric glands were somewhat enlarged, white, and hardened. They were probably tuberculous.

DR. STEVENS stated, as the result of his observation, that he had always found organic stricture of the œsophagus to be malignant. Also all organic strictures of the colon, and that he had never known a stricture of the *small* intestine.

DR. BUCK had seen two cases of stricture of œsophagus in the past month. Both were in its upper part, and both involved the larynx. Both were malignant.

DR. SCHILLING had seen a case of stricture of the œsophagus not malignant.

DR. WHITE had seen a case treated twenty years since. The patient still lives.

DR. WOOD's experience confirms Dr. Stevens' opinion.

DR. CLARK mentioned a case of great contraction of the stomach and œsophagus from drinking sulphuric acid. He thinks that stricture of the œsophagus is generally malignant. He also thinks that more than one specimen of malignant stricture of the small intestine has been presented to this Society, and states that Cruveilhier also represents, in a plate, a malignant stricture of the small intestine.

DR. E. H. PARKER exhibited the brain of a man about sixty years old. He was admitted to one of our charitable institutions early last August, and was then suffering from delirium tremens. The usual treatment of the institution, consisting chiefly in the use of opium, was adopted, and he recovered so far as to recognize his medical attendant as having had the charge of him previously. His appetite returned, and he slept naturally, and was considered as fairly convalescent. Paralysis, especially of the lower extremities, began to manifest itself, which increased till his urine was discharged involuntarily, and his limbs became entirely inactive. The paralysis increased, till, during the last few days of his life, he lay in a state of almost complete insensibility, his breathing being slow and stertorous. Upon opening the cranium eighteen hours after death, an uncertain quantity of bloody serum escaped; otherwise the brain presented the appearances still manifest. The dura mater on the left side was thickened, and presented in its substance a bright red spot, appearing like a stain, but which, by its great thickness and marked edge, indicated the presence of a coagulum of effused blood. The centre of this cut was about two inches from the median line of

the brain, and in a position corresponding to the top of the head when the parts were in their natural position. The size of this spot was a little greater than that of a quarter of a dollar. The dura mater of the right side was similarly thickened, but there was found lying between it and the surface of the brain a large clot about six inches in length, four in width, and half an inch in thickness, in its middle, where it was the thickest. Its general shape was oval. From what vessel the blood came was not clear, only it had not come from those of the brain, as was evident in raising the clot. The freshest coagulation was at a point corresponding to the position of the smaller cut on the other side. In the lateral ventricles there was found about a drachm of serum in each, together with small vesicles in the choroid plexus. The substance of the brain appeared to be of a natural consistence. On the top of each hemisphere there were evidences of meningitis and effusion of lymph, to a greater or less degree, over a space as large as the palm of the hand. Dr. Parker remarked that the case was interesting, as being a sequent to delirium tremens, and one of the few instances where, after this disease, there was evidence of an increased amount of blood in the brain. It was more interesting, however, as a specimen of idiopathic apoplexy in this position, between the dura mater and the surface of the brain; a very rare occurrence: the only doubt as to its being proven such a case arose from the possibility of an injury having been inflicted, either by a blow or fall. There was, however, no post-mortem appearance of any violence, and the whole history of the case showed that there had been none. If any had occurred, it must have been from a fall, and then the effusion would have been further posterior. A blow could only have been inflicted previously to his admission; and his recovery from his delirium, together with the appearance of the clot, showed that the effusion was not of so long standing as three months, which, on the supposition of external violence, must have been its age.

The Society then passed to the discussion of the pathology and treatment of cholera—the special order for the evening.

DR. CLARK stated the most common manifestation of the cholera poison to be a change of the mucous membrane of the intestinal canal allied to inflammation. These changes, which sometimes consist merely of congestion of the membranes, often proceed to denuding of the epithelial coat to ulceration and sloughing, and exist sometimes in the upper part, sometimes in the lower part of the intestinal canal. This statement was supported by the exhibition of dried and recent specimens of small intestine, removed from persons dying of cholera. The mucous membrane was in all cases congested, and Peyer's patches were vascular, and in some cases ulcerated. Dr. Clark supported this view more fully by adducing the result of the researches of M.

Perigoff, whose plates, representing the changes in detail after nature, he exhibited. These changes are considered by Cruveilhier as inflammatory. But we must look behind them for the causes of the disease itself. It depends probably on some change in the nerves, and the influence probably proceeds from the ganglionic system. It may be considered that a substantial external poison floating in the air is carried by the blood to the ganglionic nervous system, producing changes in the nervous system which are immediately reflected on the intestinal canal.

Dr. STEVENS questions if there be a poison added to the air, otherwise he confirms Dr. Clark's opinion.

Dr. BATCHELDER inquired how the absence of any of the sequelæ of inflammation could be accounted for if cholera was an inflammatory disease?

Dr. SCHILLING stated, as about the result of fifty *post-mortem* examinations, that he had seen every sign of inflammation in the lining membrane of the intestinal canal of persons dying of cholera, and in addition to the appearances described by M. Perigoff, he had frequently noticed white exudations on the serous membranes.

Dr. HUTCHINSON said the treatment of cholera found most beneficial in the hospital under his charge in Brooklyn consisted, in the first place, of an emetic dose of solution of common salt or mustard if nausea or vomiting was present. In a majority of cases, this would quiet the stomach, so that nutriment and other remedies were well retained. If the stomach was not quieted in this way, no remedies seemed to have any influence in producing this effect; large doses of calomel, effervescing draught, creasote, pounded ice, lime-water, and milk, and, indeed, all other remedies commonly used for this purpose, alike failing. Very obstinate vomiting was observed, more especially in females; and in those obstinate cases the matter discharged was of a bright green color, very slightly acid to test paper, or quite as often neutral, and no bile indicated by the usual tests. After the action of the emetic, one grain of calomel was given every hour, and continued until twelve or fifteen grains were taken. The rice-water discharges would gradually become less frequent and copious, and bile would usually begin to appear after ten or twelve doses of calomel. Beef-tea was administered *pro re nata*, an epispastic was almost immediately applied over the abdomen, and the hot air bath was, in many cases, a valuable adjunct. In the early part of the epidemic, stimulants were freely used: but so small a proportion of these cases recovered in which they were supposed to be indicated and consequently administered, that they were abandoned. A great variety of remedies were tested, but none were found so satisfactory as those mentioned. Opiates and astringents were allowed in a few cases only by way of experiment. Vomiting

and purging, especially when the discharges were of the rice-water nature, were regarded as favorable symptoms, and, indeed, whenever a patient was admitted with those symptoms, if the alvine discharges were not involuntary, no matter how copious, his recovery was predicted with great certainty. In cases attended with a thin, yellowish, or light brown discharges, the prognosis was more grave. In those cases marked by obstinate vomiting, all remedies were withdrawn, even when there was blueness of the surface, its temperature much depressed, and the pulse scarcely perceptible, and the patient allowed to rest quietly for twelve or fifteen hours, when the stomach would become quieted so as to retain nourishment, and convalescence soon follow. This let-alone practice was also adopted in some cases of profound collapse, which were regarded beyond the reach of remedies, and with the happiest effects. This, he thinks, is the most valuable experience obtained in the Brooklyn Cholera Hospital. The mortality in those cases admitted before the stage of complete collapse was reached, amounted to 5.88 per cent. Of those admitted in complete collapse, 82 per cent. terminated fatally. 28 per cent. of this class of cases reacted and died of consecutive diseases, chiefly of congestion of the brain, in the early part of the epidemic, and dysentery towards its close. The whole number of cholera cases admitted was 144.

REGULAR MEETING, NOV. 22, '54.

Dr. CLARK exhibited two kidneys affected by Bright's disease. The one in an early stage enlarged, weighing seven and a half ounces, and fatty; the other small, one-half the tubes healthy, and fibrous tissue abounding. The liver in the last patient seemed to be atrophied; but on microscopical examination an excess of fibrous tissue was shown. Dr. Clark thought that this element had probably been in excess in such other specimens of *apparent* atrophy of the liver as had come under his notice, as in the absence of microscopical examination, simple atrophy could not be presumed.

Dr. SCHILLING thought that the increased amount of Bright's disease of the kidney was due in some degree to choleric influences.

Dr. CLARK exhibited a portion of intestine from a man who had cholera two months before death. He was discharged from the hospital with slight diarrhoea, which grew gradually worse until death. The whole colon was the seat of the most intense inflammatory action. There were numerous patches of ulceration. There was no healthy portion of the intestine from the anus to the ilio-cæcal valve. But the inflammatory action had also extended several feet along the small intestine. Here were small ulcerations, and the mucous membrane was injected. The in-

flamed surface of the small intestine was completely covered by a diphtheritic exudation.

Dr. MOSS exhibited a specimen of a fracture of the cartilages of the seventh and eighth ribs, one of them united by bone; the lacunæ and tubuli of bone being seen under the microscope.

Dr. BAUER presented a specimen of fatty liver from an intemperate patient; the liver was much enlarged. The kidneys were affected with Bright's disease. The spleen was of half the normal size.

Dr. DALTON did some experiments showing the peculiar manner in which gastric juice, when present in a saccharine fluid, modifies the action of Trommer's test for grape sugar. When grape sugar or honey is dissolved in water, the addition of a drop or two of a solution of sulphate of copper, followed by an excess of liquor potassæ, produces a transparent blue solution, which, on boiling, becomes yellow and opaque from the deposit of an abundance of the insoluble suboxide of copper. If the honey, however, be dissolved in gastric juice, the addition of sulphate of copper and caustic potass produces a solution of a purple color instead of a blue, which, on boiling, changes to yellow, but at the same time remains perfectly clear, the suboxide of copper being apparently produced as usual, but being retained in solution instead of being deposited as a precipitate. Gastric juice has this effect, though the honey be present in very large proportion. A mixture of the two in equal volumes, for example, does not precipitate the copper when tried immediately with Trommer's test, but if it be diluted beforehand with water, the yellow suboxide is deposited as in any ordinary fluid. Though the copper is not usually precipitated by Trommer's test from gastric juice containing grape sugar, yet the change of color from purple to yellow, which takes place in boiling, is an equally good indication of sugar when it is present in large as moderate quantity; but when present in minute quantity, say one-sixteenth of a drop of honey to the drachm of gastric juice, the purple color does not change on boiling, and the test is entirely interfered with.

Dr. CONANT, who was present by invitation to take part in the discussion of cholera, presented three stomachs of cholera patients, and a pituitary body, and then gave the following report of the management of the hospital over which he had charge during the past epidemic. The Mott Street Cholera Hospital was opened July 21st, was ready to receive patients the 24th, and received the first one on the morning of the 25th; during the season, three hundred and twenty-nine were admitted, of whom 164 died, 175 recovered. Dr. C. made 104 *post-mortem* examinations, and found the appearances so similar in all, that he considers the pathological state peculiar to cholera may be looked for with as much confidence as that of any other disease. What the material poison is

that produces the disease, he does not pretend to say, whether it is the cholera fly, bug, miasma, or contagion (he has seen no evidence of contagion), but believes the poison to be engendered and perpetuated in proportion to the amount of material it has to work upon in certain districts and localities. Diarrhoea, which patients are frequently troubled with two or three days previous to an attack, he does not believe as dependent upon the choleraic poison, but rather to be accidental, to which all are more or less liable during those months in which cholera usually prevails. He believes all to be under the influence of the material poison, but that it requires some depressing agent to bring the vital powers within the control of that poison. That it matters little whether it is diarrhoea, fear, or any other agent which acts directly to exhaust the nerve force; hence, in very many cases, we have no diarrhoea, except so much as is required to empty the bowels of the bilious matter they contain. Dr. C. believes the peculiar poison acts directly upon the ganglionic system of nerves; that the functions of the sympathetic are paralyzed, and for the time almost totally destroyed, so that no organ depending upon this system performs its functions regularly, and those most dependent upon it least of all—these being the stomach and duodenum. The capillaries are deprived of their irritability, hence they become dilated; and, by the process of transudation, the fluids of the blood are thrown into the stomach and duodenum in fearful quantities. The watery portions of the blood being thrown out, the blood becomes thickened, the muscular capillaries are obstructed, and by diastaltic action the muscles contract spasmodically to assist their capillaries in carrying on the circulation. The kidneys cease to act, perhaps for the want of serum to wash out the uriniferous tubes. The general tendency of circulation is toward the stomach and duodenum, hence, the collapsed state of the cutaneous capillaries. The *post-mortem* examinations were generally made a few hours after death. Externally, face contracted, eyes sunken, pupils slightly dilated, skin blue and shrivelled, especially on the hands, face, and scrotum of the male. *Thorax*.—Pleura-pulmonalis covered with a peculiar slimy deposit, as though the result of the absorption of fluids natural to the parts. Hypostatic congestion of the lungs usually well marked; pericardium slightly moistened upon the apex of the heart, and also upon the anterior portion of the lung are occasionally found small patches of ecchymosis. *Abdomen*.—Peritoneum usually congested, except that portion covering the stomach and upper part of the alimentary canal, where it was quite pale. Peritoneum in all cases very dry; spleen and pancreas usually quite natural; kidneys appear as if injected by mechanical force; mucous membrane of stomach has a peculiar par-boiled appearance, is soft and rolled up in large rugæ, as if by contraction of the muscular coat, with patches of

congestion in most cases, but with no appearance of inflammation. Mucous membrane of œsophagus light colored, extending about half an inch into the stomach, where line of demarcation was quite distinct. Pyloric extremity of stomach usually almost entirely closed by the large folds of mucous membrane. Valvulæ conniventes of duodenum quite large. Mucous membrane of jejunum slightly congested, congestion increasing to ileo-cœcal valve. Mucous membrane of colon not having any appearance of disease. The entire alimentary canal is generally somewhat contracted. Liver of normal size, often presenting lightish spots on various parts, and full of black blood. Gall-bladder almost universally filled with dark bile, except in two instances, when it was filled with a watery substance resembling bile only in taste. The obstruction to the flow of bile seems to be entirely mechanical from contraction of muscular coat of duodenum. Urinary bladder contracted to the size of a hen's egg, and always very firm. *Brain.*—The meningeal veins were found much distended with dark blood. There was usually a large quantity of serum in the ventricles and around the brain. The cerebral arachnoid seemed in some instances to be cedematous, presenting a peculiar lightish, opaque appearance. The vessels around the medulla oblongata were filled with blood, more red than that in other parts of the brain. Upon dissecting the brain, its substance seemed to contain more blood than usual. No other pathological condition found until the pituitary body was reached. *This was invariably found more or less hardened*, in some cases so hard as to be with difficulty mashed between the thumb and finger.

DR. CONANT thinks if this organ can be proved to be the great centre of sympathetic action, as Solly and some others are inclined to believe, that cholera is proved to be a disease of the sympathetic system, and *vice versâ*. No pathological condition was found in the abdominal ganglia of the sympathetic, so far as examined.

DR. CONANT's treatment was as follows: If the patient was brought in before the bilious matter was entirely evacuated, three grains of acetate of lead and one of opium were given every hour or two; if this failed, or the patient was vomiting and purging, rice-water when admitted, calomel three grains, opium two grains, and creasote two drops, were given as the case demanded. External applications of mustard, &c., were always used. Hot drinks were given in preference to cold. With this treatment reaction was mild, and recovery was predicted with confidence, unless the patient had passed the stage of vomiting and purging. After this stage, calomel and rhubarb, five grains each, were given every three hours. And to patients in this stage, hot drinks seemed peculiarly grateful. As stimulants, beef-tea and brandy were chiefly relied on. But believing that the mucous membrane of

the stomach was in a condition to throw out rather than to absorb fluids, Dr. Conant was in the habit of giving tonics and stimulants by injection into the rectum, and in this way he found them to act more promptly. If the patient was admitted apparently moribund, very little medication was resorted to. From a careful inquiry, which was instituted in all cases, it was found that more were attacked in the morning, from one to three o'clock, than at any other time; and, on looking over the deaths, it is found that more died at about two o'clock P. M., than at any other hour.

DR. CONANT added some statements from his statistical report, published in the November (1854) number of the *American Medical Monthly*.

DR. CLARK thought we needed a better explanation than any we had for the condition in which the gall-bladder was generally found in post-mortem examinations after cholera.

DR. HUTCHISON remarked that there was one remarkable post-mortem phenomenon peculiar to cholera, to which allusion had not been made, although it had frequently been observed, viz: the rise of animal heat in the body after death. He had in one case observed the temperature of the pelvic cavity to be 104° Fahr. three hours after death, while the temperature of the atmosphere was 83°. In another case, the temperature of the axilla was 104° one hour after death when the temperature of the atmosphere was 87°, and six hours after death the pelvic cavity of the same subject gave a temperature of 107°, while the atmosphere was at 80°. Dr. H. also mentioned a case observed fourteen hours and a half before death, in which the temperature of the mouth was 78°, axilla 92°, side of the abdomen 49°, calf of leg 87°, vulva 49°; and, four hours and a half after death, the side of the chest gave a temperature of 94°, atmosphere 85°. Dr. Hutchison remarked that this phenomenon was not a novelty—it had often been noticed; but it was now brought up with the hope that, if any gentleman present had investigated the cause, he would be able to offer us a rational explanation.

DR. HUTCHISON stated that he had frequently observed the blanched appearance of the external surface of the stomach and bowels of patients who had died of cholera, which was mentioned at the last meeting by Dr. Clark. He had also noticed the inflammatory appearance of the intestinal mucous membrane, but had ascribed it simply to a venous stasis of the blood, because inflammatory effusions and other sequelæ of inflammation were absent, and in many cases, also, this injected condition of the capillaries was wanting. Dr. H. also referred to an experiment made by Magendie, which consisted of the injection of an aqueous fluid into the intestinal arteries of cholera subjects, whose intestinal mucous membrane presented the reddened appearance alluded to, with the effect of bringing away the blood and leaving

the intestine clear and white, which he thinks could not have been the case, if the organic changes always resulting from inflammation had taken place.

DECEMBER 13, 1854.

Dr. SAYRE exhibited, for Dr. Murdock, a mass of inspissated mucus, the size of a small filbert, which had threatened suffocation to a child of fourteen months, for the relief of which tracheotomy had been performed. The accretion was removed, but the child sank in a few hours. On examination, *post mortem*, both lungs, with the exception of the middle lobe of the right, presented the appearance of pneumonia in the second stage, probably caused by the congestion dependent on imperfect aeration of the blood. No foreign body was found in the larynx, trachea, or bronchi.

Dr. BATCHELDER thought laryngotomy preferable to tracheotomy, as in the former case the introduction of a tube is avoided.

Dr. FINNELL exhibited the femoral artery of a man, with the following history: Six weeks before death, a swelling was noticed at the inner portion of the thigh, the pain of which caused him to take to his bed at the end of a week. The swelling increased. The surgeon in attendance made a deep incision into the tumor, but no pus escaped, and the swelling rather increased; there was, however, a good deal of hemorrhage. In consultation, the swelling was pronounced a malignant fungoid tumor, and amputation was recommended: consent, however, could not be obtained. The next day the femoral artery was tied, which checked the hemorrhage; and the size of the limb diminished, until, on the third day afterwards, it was nearly of the natural size. The patient became pale and exhausted, with the pulse at 130 per minute. The sac suppurated freely, and, three weeks after the operation, the patient died. The autopsy showed the lower third of the femur bare. It was evident that the periostitis of commencing necrosis had caused the pain and the first swelling. The incision had cut a branch of the femoral artery, and the effusion of blood into the cellular tissue caused an increase of swelling.

Dr. EMMET exhibited an unusually large case of calcification on the surface of the pericardium. The patient, aged nineteen, had died at Ward's Island Hospital, of congestion of the lungs. There had been no interruption of the circulation. The sounds of the heart were very clear, and at the autopsy the valves were found healthy. The liver was fatty and enlarged, weighing eight pounds. The spleen was enlarged, and there were signs of peritonitis.

Dr. CLARK had not seen so extensive a deposit of calcification. These deposits do not occur, except in the substance of the heart, unless as a result of pericarditis. He had seen two instances of

the deposit of bony matter, so called, in the muscular tissue of the heart; but it could not be distinguished in the living patient, so far as he was aware; nor can he tell under what circumstances effused products of inflammation become calcified.

Dr. METCALFE had seen a patch of calcification on the external surface of the pericardium, two and a half inches long by one inch and a half wide. There had been pericarditis.

Dr. ENOS exhibited a specimen of encephaloid disease of the liver, taken from a woman sixty-seven years of age. The patient was in comparative health, but rather feeble, until about six months previous to her death. She then had some symptoms of indigestion, which was not surprising, as she was nearly toothless; gradually, however, her symptoms became more aggravated, and not referable to the stomach merely. Pain in the epigastric and hypochondriac regions became more frequent and severe. The liver became enlarged, very tender, and nodulated, which, together with the duration of the malady, led me to infer the existence of malignant disease. During the last month of her illness, there was painful and difficult deglutition. Her evacuations were small and tarry, and sometimes purulent towards the end of her life. During the last week her extremities were œdematous, but there was no ascites. The lower extremity of the œsophagus, the cardiac end of the stomach, and the spleen were involved in the cancerous difficulty, were soft, ulcerated, dark, and easily broken down. The disease was hereditary.

Dr. ENOS also exhibited a fibrous polypus, taken from a boy aged thirteen. It occupied the posterior nares, being attached to the superior turbinated bone of the right side. It was of a pyriform shape, about three inches in length when first removed, and from an inch and a half to two inches through the fundus. It closely filled both posterior nares, so that it was difficult to introduce a bougie through the nostril on either side. It was strangulated by means of a silver wire and double-screw canula. The wire was doubled, and introduced through the nostril in a gum-elastic bougie, and brought out of the mouth; the end of the bougie was then cut off, and it was withdrawn, leaving the wire in. The loop was then carried with the finger around the tumor, and as high upon the pedicle as possible. The canula was run into the nostril on the wire, and screwed in the usual manner. The screw was tightened from day to day, and on the fifth day the canula and wire came away, leaving the tumor *in situ*; it being so long that it had to be removed by a tenaculum.

Dr. CLARK inquired if there was any organic disease in which nodulations of any considerable size existed, except cancer. He thinks them characteristic of cancer.

Dr. MARKOE exhibited a tibia affected with phagedenic ulcer, with the following history: A man, aged thirty-two, with healthy

appearance, was admitted into the New York Hospital, September 10, 1854, with a large ulcer in the skin, connected with enlargement of the tibia. It was first caused by an injury, twenty years before, a heavy piece of machinery falling upon his leg, inflicting a lacerated and contused wound. It has never healed perfectly. During most of the time it has been a small ulcer, which gave no trouble; but at several periods, from causes not evident, it has enlarged, and become very painful, with prominent granulations, which at times have bled freely. The last of these attacks, under which he is now suffering, commenced about twelve weeks ago. No bone has ever been discharged. Has never had syphilis. The ulcer, on his admission, was on the middle of the front of the leg, the bones above and below being much enlarged. The surface of the ulcer, nearly the size of the palm of the hand, was irregular, prominent, and formed by large, hard, wart-like granulations, giving issue to a thin, fetid, watery fluid. The probe, on being passed down among the granulations, entered at several points half an inch into the substance of the tibia, and encountered rough spiculæ, particularly around the margin of the bone, where there seemed to be a border of sharp ulcerated bone. No great tenderness or inflammation appeared around the bone. Several severe hemorrhages had occurred, and he suffered a great deal of pain. Finding no improvement, Dr. Buck, on the 23d of September, cut down and exposed the tibia, and found that the wart-like granulations did spring from a true ulcer of the bone, which was hypertrophied above and below. By a chisel, the whole ulcerated portion was removed down to what seemed to be healthy, but hypertrophied, tissue. This made an excavation half an inch deep, opening at one point into the medullary cavity. It was dressed lightly, and allowed to granulate. No relief from pain followed the operation. The wound did not assume a healthy action, but produced anew the large unhealthy, wart-like granulations, bleeding freely from slight causes. Several large pieces of bone came away, and the ulcerative actions seemed to be progressing in the centre of the bone. His general condition was failing, and, at his own request, the limb was amputated just below the knee. His recovery was good. On examination, the specimen shows the lower two-thirds of both bones much hypertrophied. At the point of the ulcer, there was a loss of substance of the tibia, equal to one-third of its diameter. The excavation is covered and partly filled up with cauliflower-looking granulations, containing no bone. The bony structure seems irregularly excavated and worm-eaten. The posterior surface of the bone shows that diseased action is penetrating through the whole structure. It is prominent, with irregular nodulated deposits of new bone, and the substance of the tibia looks as if it were infiltrated with the same material as that composing the granulations. This same encephaloid-looking matter

appeared to form the substance of the skin, and granulations were in several places infiltrated into the muscles. Examination under the microscope gives unequivocal evidence of malignancy.

Dr. BATCHELDER had seen three cases of the disease, in none of which did it return after amputation. One of the patients died three years subsequently, of phthisis.

Dr. W. PARKER gave the history of two cases of chronic disease of the bladder. The first occurred in the person of a gentleman, aged fifty-seven, who for many years, up to February, 1854, had enjoyed average good health. His appetite was good. He complained of pain in the loins and around the crista illi. His urine was normal in quantity, of acid reaction, and presented a slight sediment, though clear. The sediment consisted of blood-corpuscles and epithelial scales, with small masses of albumen. Diuretics and dry cupping to the loins were recommended, after the employment of which, the blood disappeared from the urine. Travel was now recommended, and in August the patient returned home, improved. He resumed the duties of his profession, but soon became worse, exhibited great anxiety, and lost his sight; which condition continued until near death.

Dr. BUCK saw this patient three weeks before death. He passed his urine frequently, with much pain at the end of the act. There was nervous irritability, but no fever or heat of the skin. The urine, which was sufficient in quantity, was of a turbid claret hue, in which were small leech-shaped black clots; on the side of the vessel was a layer of bright coagulated blood. There was moderate sensibility above the pubes. Pain was referred to the course of the left ureter. The prostatic portion of the bladder was more resisting than usual; the patient seemed otherwise to be in good condition. Appetite good. No anasarca. Styptic remedies to arrest hemorrhage seemed to be useless, until the bladder was injected with a solution of alum, 3 or 4 grs. to 3j of water; this moderated the hemorrhage, and, a few days after, a solution of 10 grs. to the ounce was injected, with no ill effect. The patient soon grew worse. Intense pain was developed about the pubes and in the region of the bladder. A fortnight before the patient's death, a medical friend of the family saw him, and pronounced the malady cystitis. Leeches were applied, and from this time the patient rapidly declined. He died in two weeks. *Examination, post mortem.*—There was a tumor above the pubes, extending nearly to the umbilicus. On opening the cavity of the abdomen, the walls of the bladder were found thickened, and adherent to the walls of the abdomen. The organ was distended by ten or twelve ounces of old and somewhat bloody urine. In its base was a fungoid ulcer, five inches in diameter. The ureters were normal. The capsule of the left kidney was thickened; the cortical portion of that kidney was from a half line to a line and a half in thick-

ness. The pyramids were small. The right kidney was enlarged, but was not so far advanced in disease. Microscopical examination showed the disease of the bladder to be unequivocally cancer.

Dr. PARKER's second patient was a gentleman, aged sixty-two, of regular habits and a sanguine temperament. His health had been uninterruptedly good. In February, 1854, he presented himself, having noticed slight vertigo. He had passed water too often for a year or two previously. At a previous period, he had passed blood in his water for four months. Six months before the interview, the hemorrhage from the bladder recommenced, and continued until death. He now passed water more frequently, accompanied by much bright blood. Palliative treatment only was employed, and the patient steadily declined. *Examination, post mortem.*—The kidneys and ureters threw no light on the symptoms. Above the urethral orifice of the bladder was a pediculated tumor, surrounded by warty growths. At the fundus was a fungous growth, probably the source of the hemorrhage, and an irregular patch of vegetation existed two inches from the prostatic portion of the bladder.

Dr. CLARK, in the microscopical examination, had been unable to determine with certainty the cancerous nature of the growths, as they seemed to be mostly epithelial.

Dr. BUCK had recently seen two cases of hemorrhage from the bladder much relieved by the injection of a solution of alum, 3 or 4 grs. to the ounce of water.

Dr. PEASLEE remarked, that it would be very desirable, if possible, to decide as to the precise nature of the two cases under consideration; and as the microscope had not, he thought, fully decided in respect to the last-mentioned case, it might be allowable to attempt such a decision by reasoning upon general grounds, for, if decided thus, the light afforded by these cases may be of great assistance to us, both in a diagnostic and in a therapeutical point of view, whenever similar cases occur. Considering it evident that the first case, the one treated in part by Dr. Buck, was one of true encephaloid cancer, Dr. P. did not think it at all probable that the second was of the same nature; or, at least, if so, that element in the case was not sufficiently advanced to produce the prominent symptoms, or to demand any special therapeutical interference. Admitting both to be merely encephaloid, the hemorrhage in the latter case was out of all proportion to the possible amount of the disease, it being quite as abundant as in the other case, where a large mass of this disease existed. In other words, we must look for another cause of an equally copious hemorrhage, when the same disease exists, if at all, in a proportionally small degree; and that other cause is at once suggested by the presence of the polypoid growth at the neck of the bladder, which Dr. Clark found not to be of malignant character. In favor, also, of the supposition that this may have been the principal source

of the hemorrhage, we may cite the well-known effect of even a still smaller polypus in the uterus in keeping up hemorrhage. Dr. P. therefore thought it quite probable that the main symptoms were produced by the polypoid growth, even though malignant disease, to a slight amount, might also have existed in that case. But, if this conclusion be correct, of what diagnostic value are these cases? and can anything be learned from them for the relief of such cases? In answer to the first question, Dr. P. stated it as his belief, that, if we could have two other cases precisely similar to these, the microscope alone would decide positively that the first was a case of encephaloid disease; for if the peculiar cells were not spontaneously in the urine, they might be detached by an instrument introduced into the bladder; and such an explanation would be justifiable in all such cases. On the other hand, the microscope would probably not detect any evidence of cancerous disease, after such an exploration, in the second case; and, if not, then, for all practical purposes, it should be regarded, until further light is obtained, as a case not of malignant character, but a polypoid growth. Excessive hemorrhage, in the absence of the microscopical signs, would also confirm this idea. But, if the diagnosis may become thus definite, can anything be done for the essential relief of such cases? Though this be entirely out of the question in a case like the first, Dr. P. did not think a case like the second entirely beyond relief; and, in case no malignant disease existed, possibly it might be permanently relieved. The polypoid growth might then be removed, with a probability of entirely checking the hemorrhage, an operation which has been not very unfrequently performed in Paris.

Dr. CLARK replied, that he did not intend to express any doubt as to the malignant character of one of the portions of the second bladder, which he examined microscopically.

Dr. PEASLEE thought, however, that little, if any, part of the hemorrhage could have proceeded from that part, it being of very slight extent; and therefore the treatment should be directed to the other element of the case.

Dr. BUCK thought that though the polypoid growth might be removed, the malignant disease would yet destroy the patient.

Dr. PEASLEE thought the arrest of the hemorrhage would be no small matter, even if there were other disease, especially since, in the second case, death had apparently been produced by the constant, exhausting hemorrhage, the cancerous affection not having been sufficiently advanced to produce fatal effects. The patient's life might thus be prolonged, at any rate.

Dr. DALTON exhibited a specimen of internal strangulated hernia, for which he was indebted to Dr. H. W. Brown, and from whom he had received a statement of the previous history. The patient, a woman of seventy-eight years of age, had suffered for three days,

when seen by Dr. Brown, with all the symptoms of strangulated hernia, except stercoraceous vomiting, which was absent throughout. There was intense paroxysmal pain in the abdomen, with excessive tenderness, both more noticeable on the right side, as also was, in a less degree, the distension of the belly, which was very great. There was obstinate constipation. In the right groin a tumor formed, nearly the size of a pullet's egg, movable at its lower portion, free from tension, and which felt like omentum. Dr. Brown then performed the operation for strangulated hernia, with the advice and assistance of Drs. Buck, Watts, and Van Roth. On opening the hernial sac, a small quantity of glairy fluid escaped, but no intestine could be seen or felt; nor, even after the incision was prolonged up to the internal ring, could the finger be passed into the abdominal cavity. The hernial sac was evidently an old one, whose neck had become obliterated by the adhesive inflammation excited by the truss at some former period, when the intestine had been reduced, leaving the sac *in situ*. As no indication for further proceedings existed, the wound was closed. Death occurred in twenty-four hours; and the autopsy revealed recent general peritonitis, with abundant evidences of a former attack. An internal strangulation of the small intestine was found, which Dr. Dalton showed to the Society. The strangulation was effected by a firm round cord of adventitious membrane, evidently an old adhesion, extending from the free edge of the ileum, encircling the neck of the strangulated portion, and attached by its opposite extremity to a part of the mesentery, in which were two calculous concretions, apparently phlebolites. The strangulated portion was about eighteen inches in length, was deeply congested, and its folds adherent to each other by soft, recent exudation.

Dr. DALTON also exhibited a specimen of *filaria gracilis*, which he had found recently in the posterior cavity of the peritoneum of a monkey. The parasite was lying perfectly free between the peritoneal layers of the great omentum. It was a female, $8\frac{1}{2}$ inches long, and $\frac{1}{100}$ of an inch in thickness. It had an external cutaneous investment, $\frac{3}{100}$ of an inch thick, and finely striated transversely; a layer of subcutaneous, longitudinal, unstriated muscular fibres; a straight intestine, and a double spirally wound oviduct.

Also, a specimen of cataract from the dog. In this case, both eyes were equally affected. The opacity was confined to the external layers of the crystalline, and disposed in irregular streaks, like the veins in variegated marble. The microscope showed it to be owing to a deposit of fatty granules and globules between the fibres of the lens.

Dr. WEBER exhibited a tumor which he had extirpated from an adult patient. It was a distinct specimen of medullary sarcoma.

BIBLIOGRAPHICAL NOTICES.

ART. VI.—*Goddard on the Teeth.* (With thirty plates.) Published by Samuel S. and William Wood, 261 Pearl Street, New York.

THIS work, by Paul B. Goddard, M. D., &c., assisted in the practical part by Joseph E. Parker, dentist, and originally published by Carey & Hart of Philadelphia, in 1843, is too well known to require anything like a lengthy notice. The second edition now called for is proof of the high estimate placed upon it by the dental profession. In typographical execution, it appears to be fully equal to the first. Methodical in its arrangement, concise and practical in its style, and illustrated by numerous engravings, faithful in delineation, and beautiful in their execution, it does credit to both the authors and publishers, and is well calculated to elevate the profession to which it is devoted. No dentist's library could be complete without it, and it can, very properly too, find a place in the library of the practising surgeon, to whom it would be useful as a book of reference. Country physicians, too, are often called upon to perform many of the minor operations in dentistry, and to them we would especially commend the work before us.

ART. VII.—*An Inquiry into the Pathological Importance of Ulceration of the Os Uteri. Being the Croonian Lectures for the year 1854.* By CHARLES WEST, M. D., &c. &c. &c. Philadelphia: Blanchard & Lea, 1854. Pp. 88.

THIS work, though small in size, is not one to be carelessly read. It contains the results of much thought and research, as well as the elements of a great deal of thought on a subject of vast importance. The morbid conditions of the os uteri have of late attracted a good deal of attention, and we hesitate not to affirm, that some of the investigators into these conditions have

run riot on the subject of ulcerated os, and subjected their unfortunate patients not merely to unnecessary, not to say indelicate exposure, but to a course of treatment at once unphilosophical, uncalled for, and cruel. Did space allow, we would be glad to speak more at length on this subject. Our feelings have been highly wrought upon by abuses which have come under our own observation in this particular line of practice.

Dr. West opposes the fashionable folly of regarding ulceration of the os uteri as of *very* frequent occurrence, and, when it does manifest itself, he seems to regard it as often symptomatic of disease of the lining membrane of the uterine cavity, just as aphthous sore mouth, sore lips, &c., are often indicative of disorder of the alimentary canal. The treatment, therefore, should be as much constitutional as local.

We would commend this valuable little work to the notice of our readers. In the short space of three lectures, it contains a great deal of information regarding affections of the uterus, founded on original post-mortem observations of sixty-two uteri, and on full notes of a large number of patients, both in hospital and private practice.

ART. VIII.—*Positive Medical Agents: being a Treatise on the Alkaloid, Resinoid, and Concentrated Preparations of Indigenous and Foreign Medical Plants.* By authority of the American Chemical Institute. New York: B. Keith & Co. proprietors and publishers, 582 Houston Street. Pp. 304.

THERE! reader, you have an advertisement for the last dodge of writhing, twisting, expiring Thomsonism. It is slyly done, however, so slyly that some of our contemporaries have been betrayed into the perpetration of commendatory editorials, and one of them, published in Boston, has for weeks been sending out the circulars of the "Institute." Some of Keith & Co.'s preparations may be good, but their book fails to show anything satisfactory either in regard to the preparation of their medicines, or their claim to the patronage of the profession.

ART. IX.—*On the Construction, Organization, and General Arrangements of Hospitals for the Insane.* By THOMAS S. KIRKBRIDE, M. D. Philadelphia: Lindsay & Blakiston, 1854. Pp. 80.

Insanity in Italy. By JOHN M. GALT, M. D. Utica, N. Y., 1854.

DR. KIRKBRIDE is the intelligent physician to the Pennsylvania Hospital for the Insane. His work is very minute on the subjects of which it treats, and is particularly valuable to those engaged in the erection or management of asylums for the insane.

DR. GALT is superintendent and physician of the Eastern Asylum of Virginia. The work before us is reprinted from the *American Journal of Insanity*. Dr. G.'s writings on insanity are favorably known.

ART. X.—*Observations on Yellow Fever; and its relation to quarantine, and other hygienic measures.* By SAMUEL L. GRIER, M. D., New Orleans, 1855.

THIS agreeably written pamphlet, although intended more particularly for the city in which its author resides, will interest not only the medical men of the North, but the general reader. Dr. Grier, who is a native of Pennsylvania, but for some years a practising physician near Natchez, had, during the prevalence of the epidemic of 1853, ample opportunities for observing the phenomena of yellow fever, and the result of his experience appears in the present work. His theory is that yellow fever is an imported disease, and that the surest method of guarding against its ravages is to institute strict and searching quarantine in every city liable to its attacks. Regarding the past history of this frightful epidemic, and its MIGRATORY character, he expresses his belief that the fever of last summer in Charleston and Savannah was but the extension of the scourge that devastated New Orleans in 1853, and that its appearance in 1855 may be reasonably expected in the more northerly cities of Norfolk, Baltimore, and Philadelphia. If Dr. Grier's theory be correct, that the pestilence travels along the seaboard, so invariably as to be regarded as a coast disease, it is high time that New York and Philadelphia

should be thinking of the sanitary preventives, which can only secure them from its malign influence. The vexed question, "Is yellow fever contagious," is very fully considered, and much light thrown upon the subject by a quotation of historic facts having reference thereto. It is thought, if not absolutely *contagious*, to be *communicable*, and to have been frequently transmitted by subjects of the disease and by fomites—substances imbued with the principles of its infectious nature.

The pamphlet is full of indisputable facts, showing the importance of hygienic measures in staying the progress of this dire curse. The author argues that since it has been found practicable to shut up the disease within a particular district by a common board fence, that a well conducted and rigidly exercised quarantine would be a secure defence from its first approach. As this is a subject which affects every citizen as well as every practitioner, we commend Dr. Grier's book to the careful attention of both, confident that no work of its size lately published contains a greater amount of instructive and important matter.

G.

ART. XI.—*Report of the Select Committee of the Senate of the United States, on the Sickness and Mortality on board Emigrant Ships.* August 2, 1854, Public Document. Washington, 1854, pp. 147.

THIS document is creditable to the heart as well as to the head of the Hon. Hamilton Fish, of New York, chairman of the Committee, through whom the subject of which it treats was urged upon the attention of Congress. We have been much interested and instructed in the perusal of the report, and would gladly notice it in detail, did time and space permit. We are happy to perceive that a bill is now before Congress founded on the labors of the above Committee, and trust that the humane intentions of the originator of the bill will be speedily realized, in the passage of an effectual law to protect the lives and health of emigrants.

ART. XII.—*Wood's Catalogue.*

WE have heretofore called the attention of our readers to the above catalogue, published by S. S. and W. Wood, 261 Pearl St.

VOL. VIII.—NO. 2.

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U. S. G.

N. Y., who have for sale "the most extensive collection of medical books in this country." As a book of reference, this catalogue is worth having. It comprises about 150 pages. Copies will be sent by mail, free of postage, to all *post-paid* applicants.

The principal medical book publishers in Philadelphia also publish catalogues, which, we presume, can be obtained in the same way.

WORKS IN PRESS.

LINDSAY & BLAKISTON announce the following works, which, when ready for the trade, will be noticed. *Diseases of the Heart and the Aorta*, by Wm. Stokes, M. D. A new edition. *The Book of Prescriptions*, containing 2900 prescriptions, &c., by Henry Beasley. *Todd's Clinical Lectures on Diseases of the Brain and Nervous System*. *Todd's Clinical Lectures on certain diseases of the Urinary Organs, and Dropsies*.

EDITORIAL.

MEDICAL SOCIETY OF NEW JERSEY.

THIS venerable body held its eighty-ninth annual meeting at Trenton, on the evening of Tuesday the 23d ult., at which time the preliminary business of the Society was transacted, and the President's address read. The attendance was quite large, and the proceedings promised to be of a more interesting and instructive character than usual. The address of the President was well adapted to the existing state of affairs between the Society and the State legislature, and was listened to with marked attention and respect, and commented on as able and dignified. It was adapted to a popular as well as a professional audience, giving a brief review of legislation in New Jersey on the subject of medicine. But as the address is to be published, we will refrain from further comment.

On the following day (the 24th), the Society reassembled at an early hour, and proceeded to the transaction of business. We had occasion last year to comment on the sad loss of time from a lack of observance of parliamentary usages on the part of the members. There was, perhaps, a *little* improvement in this respect this year, but there is still room for more. We again commend the subject to the attention of our readers.

We were sorry to see that a good many members were absent on the reassembling of the Society on Wednesday, as though the business of the Society was completed when the President's address was read. It is to be regretted that the interest of the members cannot be kept up for two days. The report of the Standing Committee by I. S. Mulford, M. D., chairman, and the memorial to the legislature, drawn up by our venerable friend Lewis Condict, M. D., were both able and interesting documents, and were listened to with marked attention. The memorial received the signatures of all the members present.

The dinner at the Trenton House was discussed with apparent

satisfaction, and we were gratified in observing that there was an almost entire absence of spirituous liquors from the table.

It is a melancholy thought that some of the fathers of medicine in New Jersey, who met with us on that occasion, will, in all probability, never meet with us again.

The exercises of the afternoon session were diversified by a short and *very interesting* lecture on hip disease and club-foot, by our learned friend Louis Bauer, M. D., of the Orthopædic Institution, Brooklyn, N. Y. We hope that Dr. B. will embrace another opportunity of meeting the Society, and are sure, from the real interest excited in the breasts of the members in the short time allotted to the lecturer, that he would meet a hearty welcome.

The address of the President was requested to be repeated in the hall of the legislature in the evening at eight o'clock, to which time and place the Society adjourned, and then adjourned *sine die*.

In our next number, the minutes, President's address, reports, &c., will be published in full as **EXTRA MATTER**.

NEW YORK PATHOLOGICAL SOCIETY.

It can hardly be necessary for us to remind our readers of the importance of the extracts with which they are favored, from the proceedings of the above Society. It would be difficult to present them with more useful matter. These reports have been furnished through the politeness of the late secretary of the Society, S. Foster Jenkins, M. D., and we hope to have them continued. A press of matter had, unfortunately, thrown us behind-hand with these reports, which will account for so large a proportion of the present number being occupied with them.

It shall be our endeavor to furnish short practical articles for the **REPORTER**. We have, of late, been publishing some series of important papers, which have occupied considerable room. These, however, are nearly completed, and we trust our readers will replace them by short papers on the various departments of medical and surgical science.

To Correspondents.—We have on hand communications from Dr. S. W. Williams, Illinois; Dr. Wm. Johnson, N. J.; Dr. J. W. Snowden, N. J.; Dr. T. J. Corson, N. J.; "M. D., N. J., and "Member of the Am. Med. Association."

THE
NEW JERSEY MEDICAL REPORTER.

VOL. VIII.

MARCH, 1855.

No. 3.

ART. I.—*Correspondence with the late Doctor Jonathan Pereira, of London.* By STEPHEN W. WILLIAMS, M. D., late of Deerfield, Massachusetts; now, of Laona, Winnebago County, Illinois.

Dr. Pereira's Third Letter.

ARTILLERY PLACE, FINSBURY SQUARE, LONDON, July 28, 1841.

MY DEAR SIR: My last communication to you was a brief reply to your very long and interesting communication of the 22d February. I then promised to reply more at length. I have to apologize for not having done so before; but the fact is, various circumstances have hitherto prevented me. During the last several weeks, I have been much occupied with the University examinations for the B. M. (Bachelor of Medicine). There were eighty candidates to examine, and you may very readily fancy that reading the papers and conducting the *viva voce* examination is a tedious and irksome duty.

I have, in the first place, to thank you for the list of American works on the *Materia Medica* omitted in my table. I much wish you had given me a literal copy of their title-pages, for I cannot help suspecting that some of them are reprints, or translations of European works. Can you not set me right on this matter? I have also to thank you for the information respecting *oil of wintergreen*, *isinglass*, and *cod oil*. You tell me, on the authority of Dr. Lee, that I am in error in ascribing New York isinglass to the *labrus quitique*. I did it on the authority of my friend, Professor Wood, of Philadelphia, whose statements in the *United States Dispensatory* I copied.

You asked me for information respecting the Royal and other Societies here. I send you a list of the Fellows, which will show

you the present strength of the Royal Society. Should I obtain any similar information respecting the other Societies, I will forward it.

The philosophers of Edinburgh have gone mad, I think, lately, on the idea that a young chemist has succeeded in converting carbon into silicon. That some error has been committed can scarcely be doubted. Thinking, however, the affair may be new to you in America, I have sent you a portion of the *London Medical Gazette*, in which there is a notice of all that has yet reached London on the subject, for the original paper is not yet published.

My friend, Professor Daniell, has recently shown that the waters on the coast of Africa are largely impregnated with sulphuretted hydrogen, and to this noxious gas we may perhaps ascribe the fatal character of the coast. The paper on the subject is full of interest. He was kind enough to give me several copies for my foreign friends, and I have forwarded you one, thinking you will feel interested in the subject.

Believe me ever yours most faithfully,

JONATHAN PEREIRA.

My third letter to Dr. Pereira has been mislaid, and I cannot find it, much to my regret.

S. W. W.

Dr. Pereira's Fourth Letter.

FINSBURY SQUARE, Dec. 20, 1841.

MY DEAR SIR: I have received your long and interesting letter of Nov. 10th, as well as the *Boston Journal* containing your notice of Prof. Daniell's paper, quite safe, and for which I beg you will accept my best thanks. I have also received a long letter from Dr. Lee, who, he tells me, is about to undertake the editorship of an American edition of my work.

I shall introduce a short notice of your paper on the persesquinitrate of iron, into the next edition. With regard to the sugar of lead in dysentery, which you tell me you have used in such large doses, without inducing colic, may I ask whether you perceived the blue line on the gums immediately around the necks of the teeth, which always precedes colic by that metal, and is characteristic of it? (See Dr. Burton's paper in the *Transactions of the Medical and Chirurgical Society*.) My experience with lead at the London Hospital fully verifies Dr. Burton's statements. If your paper be a short one, and has not been previously published in any other Journal, I dare say the editor of the *London Medical Gazette* will give it a place in his Journal. Long papers are, however, usually rejected, or cut down, as not being fitted for a weekly Journal. If forwarded to me, I will endeavor to get it printed.

Any paper on the Natural History of Massachusetts will be interesting to me, and I shall be glad of the copy referred to.

Believe me, dear sir, most faithfully yours,

JONATHAN PEREIRA.

P.S. If there is anything connected with the *Materia Medica* deserving of notice, in a "Historical Table" for the second edition, I shall be glad if you will let me know of it.

Dr. Williams's Fourth Letter in reply to the above.

DEERFIELD, MASSACHUSETTS, UNITED STATES OF AMERICA, April 24, 1842.

JONATHAN PEREIRA, M. D., &c.

RESPECTED SIR: Your letter of Dec. 20, 1841, post-marked London, Jan. 4th, 1842, did not reach me till quite the latter part of March last. What could have been the reason of the long delay! I should have replied to it long ere this, but for the last two months I have been more than usually engaged in professional and other business.

I am greatly obliged to you for the favorable opinions you have expressed to me of my letters and communications to you, and for your offers of publishing extracts from them in the second edition of your *Materia Medica*. I do very much wish to see that edition, and have for a long time anxiously looked for its arrival from England into some of our bookselling houses, especially as I saw a notice in the *Boston Medical and Surgical Journal* that it would be out in London, and received here about the first of January, 1842. I have never even seen your first edition, and have declined sending for it, under an expectation of soon being able to obtain your second edition, which you inform me will contain some articles from my communications to you. If this edition is not now out, may I ask you when it will appear, and what is the price of it in England?

In a letter which I have recently received from my friend, Dr. Charles A. Lee, of New York, he informs me that he has abandoned the idea of editing an American edition of it, as the Langleys, of New York, the intended publishers, have refused to publish it on account of the pressure of the times. I, however, saw it announced either in the October or the January number of the *American Journal of the Medical Sciences*, that Carey & Lea, of Philadelphia, our great American medical book publishers, intended to publish an American edition of it forthwith; that is, of your second edition. I concluded by that, that your second edition was out.

My work on Medical Jurisprudence has been ready for the press for some time. I do not feel disposed to publish it at my own

risk, and there is such a depression in the book trade that our publishers do not like to engage in it. Would some of your booksellers be likely to purchase the copy of me? I will dispose of it at a reasonable rate, and give them such recommendations of the work as will be satisfactory. It will make a small octavo volume. The first edition of a thousand copies sold well. This is an enlarged edition, and, in fact, an entirely new work. Unless we have an international law between the United States and Great Britain, in relation to copyrights of books, the business of authorship will not be worth following. No sooner does a popular work appear in the United States or Great Britain, however much the publisher may have paid for it, than it is republished in the other country for *nothing*, to the very great injury of the publisher or proprietor. I have seen it somewhere stated that a single edition of a work of a thousand copies, which had been paid for in England, had been sold there very tardily, while a hundred thousand copies of the same work, which cost our publisher nothing, rapidly sold in the United States. This may be well for the people, but it is destruction to the author, in a pecuniary point of view. This subject calls loudly for international action.

My paper on the sugar of lead was published in the January number of the *American Medical Journal*, at Philadelphia, and republished in the *New York Lancet*. I consider the article invaluable in dysentery. I am not aware that any physician has ever pushed its use to so great an extent in this complaint, or in the hemorrhages generally, as I have, although it is no new remedy in these disorders. I have never known a case of colic succeed the use of sugar of lead, although I have been in the habit of using it in innumerable instances for several years. I have my doubts whether anything but the carbonate of lead will induce the painter's colic. I have always been in the habit of using none but the purest crystals of the sugar of lead, without the least admixture of the carbonate. I have not seen Dr. Burton's paper upon this subject in the *Transactions of the Royal Medical Society*, which so thoroughly coincides with your experience in the London Hospital. May I ask of you, in turn, whether the blue line around the necks of the teeth, which you say precedes colic from the use of that metal, and is characteristic of it, is ever perceived when the article has been used to a great extent, and where colic is not induced by it? I think we have no astringent equal to sugar of lead and opium in interior hemorrhage, and in hæmoptysis. I have been instrumental in saving life with these articles, in this latter complaint.

I think there has been no new work published here upon *Materia Medica* since I wrote you last, except my friend, Dr. Paine's, of the new University of the city of New York. The following is

the title of that work: "*A Therapeutical Arrangement of the Materia Medica, or the Materia Medica arranged upon Physiological Principles, and in the order of their general practical value which remediable agents hold under their several denominations, and in conformity with the Physiological Doctrines set forth in the Physiological Commentaries.* By Martyn Paine, M. D., A. M., author of the *Commentaries*, and of the *Letters on Cholera Asphyxia*, of New York. J. & H. Langley, 57, Chatham Street. 1842." I have read this work, and I think it a valuable practical one. I hope it will be more courteously treated than his *Commentaries* were, both at home and abroad. I think the critiques upon him have been too severe; but an author generally rises above scurrilous abuse. I am afraid Dr. Paine is destroying himself by the intensity of his application to his studies.

I expect to be in Boston on the 25th of May, to deliver the annual address before the Massachusetts Medical Society, at that time. This Society stands at the head of all similar societies in the United States. We number about eight hundred members, from almost every town in the State, and we generally have interesting meetings once a year. My discourse will be upon the medical history of this section of our country, in which I shall take up its natural history. I shall go somewhat into detail, and if it should be published, I will, if you please, send you a copy. From Boston, I will endeavor to send you a copy of the plants of Massachusetts, and a catalogue of some other specimens of natural history.

I hope this letter will not be as long in reaching you, as yours has been in coming to me. If your leisure will allow, I shall be happy to have you to reply to it soon after the reception of it. I could wish, if I have opportunity, to commence again teaching *Materia Medica* and *Medical Jurisprudence*, in some of our respectable medical colleges. I resigned my professorship a year or two ago, on account of my health. In some respects I am better, and may again resume my labors. If I do, I shall be particularly anxious to see your book before I revise my lectures; and whether I do or do not, I am most anxious to see the book. Therefore, you will confer a great obligation upon me by replying to my inquiry, and letting me know the price of it.

With high respect, I remain, as ever, your sincere friend,
STEPHEN W. WILLIAMS.

Extracts from Dr. Pereira's Fifth Letter.

47, FINSBURY SQUARE, LONDON, June 27, 1842.

MY DEAR SIR: I received your last letter six weeks after the date of it. It came to hand when I was laboring under a severe

family affliction (the death of his wife. S. W. W.), and unfortunately I mislaid it, and have not seen it since. I suppose it was accidentally dropped into the waste paper basket in my library, and in this way was consumed by the servants. I mention this, in order to explain my not replying to several topics contained in your letter. I distinctly remember one, however; that referring to your work on Forensic Medicine. I have made some inquiries, but do not think there is much probability of its being undertaken in this country. The fact is, the subject is not a very profitable one, and the only book which really pays in this country is that by your countryman, Beck; an English edition of which has been reprinted here, and is a kind of joint stock affair, by several of the leading publishers (in that department). Ryan's work, to which you allude, was considered trash here, and never had an extensive sale.

I am preparing a work on diet and food, of a practical nature. I propose to limit the price to ten or twelve shillings. Is it likely to repay in America. If so, how could I manage to secure a share of the profits, or to sell the right to the work for America? If I could enter into an arrangement with a respectable American publisher, I would supply him with the proof-sheets, or even a manuscript of it, for printing in America. Can you send me any information on the subject? The work I intend to be adapted so as to be a class-book for medical students, and at the same time fitted for medical men generally, and the public. It will embrace all modern discoveries, with some criticisms on Liebig's views.

Ever yours faithfully,

JONATHAN PEREIRA.

P. S. I should feel greatly obliged to you by an early reply to this, in reference to the work on diet.

Dr. Williams's Fifth Letter.

DEERFIELD, MASSACHUSETTS, UNITED STATES OF AMERICA, April 13, 1843.

TO DR. PEREIRA.

DEAR SIR: It is now almost a year since I have received a letter from you, although I believe I have written you once since the reception of your last. Whether my letters have miscarried, I cannot tell, but having a little leisure this afternoon, I thought I would employ it in writing to you.

Immediately upon the receipt of your last letter of June 27, 1842, inquiring of me whether an arrangement could be made with some of our American booksellers for the publication of your work on Diet and Food, I wrote to our mutual friend, Dr.

Charles Alfred Lee, of New York, upon the subject, and I perceive, by a recent advertisement in some of our periodicals, that he has made arrangements for you, and that the book is republished in New York, with notes by Professor Lee. I hope to see a copy of this work soon. I perceive that a copy of your second edition of your *Materia Medica* has been republished by Carey & Lea, of Philadelphia, and it has been highly commended by the Journals. I cannot find out the price of it, though I believe it sells very low, at about five dollars (not far from a guinea). I wish you would send me the accompanying pamphlets, containing the historical account of the *Materia Medica*.

Dr. Lee is indefatigable in his researches and studies. In addition to his notes to your work, and notes on *Thomson's Conspectus of the Pharmacopœias*, I believe he is writing a large work on climate, meteorology, &c. I hope he will get it up, and publish it in a respectable manner. Many of our cheap books are good for nothing, while some of them are quite respectable; but it is enough to spoil a man's eyes to read them. *Liebig's Chemistry* is published here for twenty-five cents, and *Dickens's Notes on America* for half that sum. The latter, I think, considering the matter, is about as much as it is worth. They are republishing the *London Lancet* here for three dollars, a great deal less than one quarter of the price in England.

I have been very busily engaged during my leisure hours the past winter, in preparing a work upon American Medical Biography, or an account of the lives of some of our deceased medical men. It meets the approbation of my professional brethren throughout the country. I have already written and compiled more than 450 octavo pages, and have a good deal more to add to it. If my facts and materials all come into my possession and mind, I am in hopes to have it ready for the press in the course of a month or two; but I shall not hurry it. It will contain a number of handsome engravings of some of our most distinguished physicians, somewhat upon the plan of *Pettigrew's Medical Gallery*, as near as I can recollect, as I have not attentively examined that work. If my work is published, I hope it will be handsomely done. I have an offer for it from one of the most extensive book-selling houses in the city of New York, but shall not close with it till the work is finished.

In science, the American people are now doing considerable. We have recently established a national institution for the promotion of science, at Washington; our seat of government, upon the plan of the national institutes of Great Britain and France. We now issue periodical bulletins, many of which are highly scientific. If we do nothing more, we shall, at least, have a very large and respectable cabinet of natural history, with specimens

from all parts of the globe. The government has already ordered the erection of very large buildings for the reception of the articles which shall be presented. Our exploring expedition has already deposited its large collections in natural history in our museums. Captains and masters of vessels throughout the country, and enterprising travellers, are requested to procure and deposit all articles of curiosity which they may find in various parts of the world. A system of exchanges has been entered upon with almost all the philosophical and scientific societies in the world. Thus a foundation has been laid for a great national and scientific institution, which, I trust, will be permanent. It is but little more than two years old; but it gives promise of rapid growth. I have just been elected a member of the institute. We have connected with it some of the most scientific men in the Union and abroad. The government is about erecting an observatory at Washington, and several of our colleges are doing the same. The government is also establishing electro-magnetic telegraphs.

Our medical schools are unusually flourishing this season, notwithstanding the pressure of the times. Although empiricism flourishes here as in England, like "the green bay tree," yet the time will surely come, when the efforts of learned men and of learned societies will banish it from our countries. Then will mesmerism and phreno-mesmerism, with a thousand other delusions, be known only to be derided and despised.

I need not tell you, respected sir, that a letter from you, giving me some account of what is going on in the scientific circles of Great Britain, will be highly acceptable. I hope it will not be delayed long.

I remain, as ever, dear sir, your sincere friend,
STEPHEN W. WILLIAMS.

ART. II.—*Unnaturally Prolonged Utero-Gestation.*

By WM. JOHNSON, M. D.

THOSE laws which the Almighty fiat has impressed upon nature cannot be violated with impunity. Insubordination to natural, as well as to moral requirements, is followed by the most disastrous consequences. When nature rebels, it is at her peril. Should the uterus neglect to perform her expulsive function a few weeks beyond the appointed period of gestation, there is great danger of her ability to perform it being lost forever, and this

once secure domicile of the child becoming its sepulchre, until both mother and child are consigned to their final resting-place. Yet, among the millions of parturient females, how seldom has this accident occurred! But three cases of the kind have come to my knowledge.

The first of these cases is related in *Guy's Hospital Reports*, by Dr. Oldham. It is recorded in *Braithwaite's Retrospect*, part 16, page 246, under the caption of "A rare Case of Midwifery." The narrator states that the full period of utero-gestation was completed in June, and that the woman carried her child until October, three months beyond the natural period. Hemorrhage to the amount of a quart took place in June. The function of lactation was established, as soon as the usual period of gestation had expired. The doctor found the os uteri dilated sufficiently to admit two fingers; but absolutely incapable of further dilatation: he says that he believes the uterus would have given way before a greater degree of dilatation could have been effected. The *secale cornutum* and galvanism, freely administered to the patient, in such a manner as was best calculated to excite uterine contraction, was entirely powerless. The doctor removed an arm and some other portions of the child, together with the placenta and cord, through the os uteri. The uterus soon after diminished in size, and Dr. Oldham predicted the escape of the child into the abdomen of the mother, in consequence of ulceration of the walls of the uterus. The *post-mortem* examination confirmed the correctness of his opinion. The anterior walls of the uterus were found to have been removed by ulceration, and the child to have escaped through the opening. The soft parts of the child had been taken away by the absorbents, and little else left but the bones. Nature was engaged in making an opening into the bladder of the mother for the expulsion of these bones, when death closed her sufferings.

The second case recorded of this singular departure from the laws of nature, is in the April number of the *American Journal of the Medical Sciences*, in the year 1853. It is related in a letter by Dr. Hortze to Professor Meigs. This woman, if I am not mistaken, carried her child somewhere about three years. A *post-mortem* examination put the nature of the case beyond cavil. I

cannot go more particularly into the details of this case, as I have not the number of the Medical Journal which contains it at hand.

The third and last case fell under my personal observation, and I shall now proceed with its relation.

The wife of Morris G. Alpaugh, aged 36 years, became *enceinte*, for the first time, in the spring of 1852. There was nothing unusual in the early manifestations of that condition. After quickening of the child had taken place, her husband, who had had children by a former wife, found that the movements of this child were more feeble than natural. Nothing, however, worthy of note took place until December, when nine months of utero-gestation were then completed. She had now pains so much resembling those of labor as to induce her husband to obtain the services of Dr. Blackfan, their medical adviser. He was called upon in the evening, and remained with her during the night. The pains, however, which were not severe, wore off, and never again returned. Like extra-uterine pregnancy, lactation was also here established at the prescribed period, when utero-gestation should have been completed. She lived after this about eleven months. Her health, however, soon began to give way, after the abortive attempt of the uterus to expel the child. I saw her, for the first time, in the early part of the month of March. She had before this been the subject of much curious speculation among the women of the neighborhood, and I had repeatedly heard from them the circumstances of this wonderful case, to which I then, however, gave but little credit. She had had several turns of flooding; but the quantity of blood lost was not large. At this visit, I found the *os tincæ* obliterated, and the parietes of the under part of the womb thin. The tip of the finger entered the womb, and with it I touched what I thought to be the foetal head. I found the *os uteri* more open at this visit than at any subsequent one; it gradually contracted. I employed considerable manipulation, in order to increase the dilatation of the *os uteri*; but completely failed in my attempt. I might as well have attempted the dilatation of a piece of sole leather, to which alone I could compare it. It gave the same unyielding sensation.

The case was novel to me. I knew that I had somewhere read of a case nearly similar, but could not lay my hand upon the

author. (It was the *first case* which I have stated, and I had but a confused recollection of it.) I prescribed the *secale cornutum* with a view to excite uterine action, and thus arrest the further loss of blood, and contented myself with such other general measures as the circumstances of the patient seemed to indicate. In fact, I was in a great dilemma, and knew not what to do. In a subsequent interview with Dr. Honeyman, it was agreed to attempt the dilatation of the os uteri with sponge tents, in order to make a more satisfactory exploration of the contents of the womb. This object was not, however, attained; the os refused to yield to our measures. The *secale cornutum* was administered, and persevered in for several days, in order to excite uterine action; but with no more encouraging results.

The advice of some of the most prominent city practitioners was sought—gentlemen, in whose enlarged experience confidence could be placed. They questioned the correctness of our diagnosis, and declared that it was impossible that the uterus should carry a child for one year, and that no such case was on record. They suggested that what we thought to be a child was nothing more than an enlarged fibrous tumor. We must give them the credit to say that they did not see the patient and examine for themselves. To divide responsibility, and to elicit the true state of the case, we invited neighboring practitioners to meet with us; and accordingly, Drs. Blake, Blackfan, Field, Honeyman, my son and myself, met at the house of the patient. We listened to the history of the case, and made such examinations as satisfied all of us completely that the uterus did in reality contain a child. The result of our conference was to administer still longer the *secale cornutum*, in the faint hope that it might prove adequate to excite uterine contraction. The patient took it freely, and even in the largest quantities, but with no other effect than to disorder the *primæ viæ*, and prostrate her exceedingly; so that we had to resort to wine to remedy the effects of our medication. This was in the latter part of the month of March. She gradually sank until late in the fall, when she died, having lived, as I before observed, eleven months, after she had supposed herself to have been in labor at the full time.

I should consider it to be a dereliction of duty, in exhibiting

this sad picture of female suffering, did I not advert to a redeeming feature in it. It was this. Her pathway through the valley of the shadow of death was radiant with the Christian's hope, while the rod and the staff of the Almighty were her support and her comfort.

Drs. Blake and Honeyman, having been informed of her death, with a becoming zeal for the interests of science and of humanity, repaired to the house of the deceased, but did not get there more than an hour before the interment of the body, and consequently their autopsical inspection was hurried. The all-important point to be ascertained with certainty was, however, secured, namely, that the uterus did actually contain a child. To this conclusion, as I have before observed, we had already arrived; it was now reduced to certainty. The child was found entirely within the uterus, presenting the head in the most favorable position for expulsion. Decomposition of the child had progressed, and the cranial bones were readily separable. Ulceration of the walls of the uterus had nowhere produced an opening for the escape of the child into the abdomen. The uterus firmly embraced the child on every part of its surface.

Remarks.—Cases of uterine aberration like the foregoing must necessarily be exceedingly rare, and in almost every instance prove fatal. I believe that it will be found, that where uterine contraction for the expulsion of the child is not excited at the appointed period of gestation, the dormant energies of the womb can never be awakened again. This is, as yet, merely conjectural, and the opinion is predicated on observations made on the case which I have related. In this case, as I have before observed, the most powerful of the uterine excitants, the *secale cornutum*, in its largest doses and longest continued, had no other effect than to disturb the *primæ viæ*, and to depress the patient. The irritation of sponge tents, introduced for the purpose of dilating the *os uteri*, and which were persevered in for days together, did not excite any contractions of the uterus. Now, if any correct inference may be drawn from the foregoing circumstances, it must render the condition of these unfortunate females generally altogether hopeless. Should the Cæsarian operation be resorted to, it will only be to augment the sufferings of the unfortunate woman,

and accelerate her death. Should it be possible to dilate the os uteri, and obtain room to operate upon the child, either with the hand or cutting instruments, and thus empty the womb, the woman would still be in danger from deficient uterine contraction. What, then, are we to do in these unfortunate cases? Are we to abandon the patients to their fate? In the present imperfect state of our knowledge on this subject, I should say, certainly not. Should I ever be so unfortunate as to be consulted in another case of this kind, I would attempt artificial dilatation of the os uteri so soon as the patient had passed the utmost bounds assigned to utero-gestation. To effect this object, I would persevere in the introduction of sponge-tents, in the faint hope that, *possibly in this early stage*, I might obtain sufficient room to act upon the child, and empty the womb by the natural outlet. Should this object be effected, I would trust to the elasticity of the womb restoring itself, on the same principle that an elastic pouch would restore itself, when the distending body had been removed. As I have before observed, the muscular contraction of the uterus is in all probability, in these unfortunate cases, forever lost. To be more physiological, it may be that, although the clonic contraction of the uterus may never again be excited, its tonic contraction may remain. But, perhaps, I am wandering in the field of conjecture. Notwithstanding the failure of the ergot and electro-magnetism in those cases in which they have been tried, I should be in favor of a further trial of their powers, especially in recent cases.

WHITE HOUSE, N. J., Feb. 1855.

ART. III.—*A few Observations on the Use of Hydrangea Arborescens, in Affections of the Urinary Passages.* By JOHN C. S. MONKUR, M.D.

S. W. BUTLER, M.D.

MY DEAR DOCTOR: I had the pleasure to receive your letter of the 8d inst., in which are inquiries made of my experience with the *Hydrangea arborescens*. I first had my attention directed to

the medical virtues of this plant by Joseph Laidley, of Richmond, Va., who has contributed a notice of it to the *American Journal of Pharmacy*, new series, vol. xviii. At this time, I met a severe case in a married lady, of middle age, with large earthy deposits in the urine, consisting of the double phosphates, lime, and ammonia, accompanied with paroxysms of the severest torture.

She had been suffering some months from these deposits; but never having voided, to the observation of her friends or physician, any calculi, her previous physician relinquished the case. After my visit, and an analysis of her urine, I had no difficulty to construct a proper treatment, and looked upon the patient's condition as a very favorable one to test the assured effects of the hydrangea. There was none of the root to be obtained in Baltimore. I ordered my apothecary, Mr. Stewart, to obtain it from Philadelphia. I had a strong fluid extract made from the root. With this extract, and a free use of the decoction, I commenced the treatment, giving a quarter of a grain of sulphate morphia, when suffering severely. During the first three days, and to my second visit, she had passed a considerable quantity of calculi, and expressed herself greatly relieved. The hydrangea was continued in connection with pure old cider, and from this time she continued to pass masses of calculi; the previous amount of blood diminished, with that of the excess of mucus daily becoming less; in six weeks she was discharged perfectly well.

Attributing much of the comfort obtained by the patient to the action of the hydrangea, I had frequent other opportunities presented for its employment in my public clinical exercises in the wards of the Washington University Hospital, and had many occasions to direct the students' attention to it, as an agent of decided power in cases properly selected for its influence. I have ordered it in many cases of disordered urine; and am led, from personal observance, to believe it a very effectual means of relief in the double and triple phosphates, lime, ammonia, and magnesian deposits. Many of my hospital patients were old seamen who had previously frequent attacks of "gravel," and had suffered greatly in consequence. They used the decoction freely, and expressed decided benefit from it. Many of them passed calculi, whose chemical composition was the mixed phosphates.

I have also directed its use in mucous irritations of the bladder in aged people; in chronic gleet, and in a very difficult condition to cure, the prostate mucous emissions, and the report was favorable to its use.

I regard the root of the *hydrangea arborescens*, in properly selected cases, as sure in its remediate agency, as we may express of any other medical substance. My experience with it is yet too limited to enable me to speak advisedly what its active principle is; but there can be no doubt, from the large amount of mucilage in the composition of the root, that it serves as a valuable demulcent, and directly alleviates the excruciating torture which accompanies the passage of a calculus through the ureter, and at the same time favoring the expulsive power of the bladder to free itself from its foreign substances.

My experience with it leads me to prefer its administration more especially to the earthy deposits, the triple phosphates of lime, ammonia, and magnesia, and in cases of alkalinity of the urine. I shall, however, take every occasion to observe its effects where I may consider it applicable, and will hereafter take a careful record of the cases, which you may have, should they interest you.

BALTIMORE, MD., Feb. 1855.

ART. IV.—*Fatal Poisoning by Nitrate of Potassa.*

By JNO. W. SNOWDEN, M. D.

A GERMAN, who spoke English imperfectly, went into a store, and asked for "bitter salt," meaning sulphate of magnesia. The attendant supposed he meant saltpetre, and gave him half-a-pound. The man took three ounces and a half at one dose. His bowels were opened three times within three or four hours. He complained of a slight sense of heat in the epigastrium, and drank a good deal of water. About five hours after having taken the saltpetre, he suddenly fell out of his chair and died.

The marked peculiarity, in this case, is the absence of the painful symptoms which usually follow the ingestion of irritant poi-

sons; and the question arises, how was death produced? Certainly not by inflammation of the stomach, for he complained of nothing but a slight sense of heat in the stomach. The poison must have acted by destroying the vitality of the blood. There was no *post-mortem* examination. The rigor mortis was very imperfect, the lips of almost a natural pink hue, and the appearance of the countenance so life-like, that some persons who were present doubted the propriety of interment on the third day.

WATERFORD WORKS, N. J., Jan. 1855.

ART. V.—*Collodium Cantharidale.*

DEAR SIR: A practical remark, I hope, will be as welcome as a new theory. My learned friend, Dr. Thomas King, here, has *collodium cantharidale* prepared for me, and I am so well satisfied with the use of it, that I think it a duty to direct your attention to it. It has the following advantages over emp. cantharid.

1. It cannot be removed from its place, which is so apt to occur to the blister plaster, especially when used upon children.
2. It covers the part to which it is applied smoothly, while the plaster frequently forms rugæ, or folds.
3. It causes vesication on children in two or three hours, and on adults in five or six hours.
4. It needs afterwards no dressing, as the collodium cover is the best and most natural.

The manner of using it is to take a camel's hair pencil, and paint the part once over, and when dry smear a little lard over it. After three or four hours, the periphery of the spot reddens, and is elevated, when the blister will be ready to open, which must be done at the side, as it will then leave a perfect covering over the blister.

CHS. P., M. D.

NEWARK, N. J., Jan. 1855.

ART. VI.—*On Scutellarine and Cypripedine*.

By C. H. CLEAVELAND, M. D.

[Mr. William S. Merrill, an intelligent pharmacist of Cincinnati, a member of the American Pharmaceutical Association, has of late been devoting much attention to the investigation of the active principles of numerous indigenous vegetables which have been long employed by regular practitioners of medicine, but which have of late years been claimed as special property by a class of practitioners styling themselves "Eclectics." It is to be hoped that permanent good may result from Mr. Merrill's experiments, and as the regular practitioner claims to be the true eclectic, he can hardly refuse to avail himself of any substantial contributions to the armamentarium of the *Materia Medica* that may come from that source.—ED. N. J. MED. REP.]

EDITOR NEW JERSEY MEDICAL REPORTER :—

INCLOSED I send a sample of what the manufacturer denominates *Scutellarine*, prepared from the *Scutellaria lateriflora*, or the common skull-cap.

The mode of preparation is as follows: A tincture of the herb is made with dilute alcohol, and then the alcohol is distilled off until the residue is of the consistency of molasses, when this is mixed with several times its weight of water, and then precipitated with alum, or some other salt which is readily soluble. The precipitate is freed from the salt used in precipitation, and dried; and while it is not chemically pure, it is sufficiently so as to be of great use in medicine. The green color of the powder is owing to the *chlorophyle*, or coloring matter, not having been separated from the precipitate; and, if the chlorophyle be possessed of no medicinal virtue, it acts simply as an adulterant in the compound.

As far as this has been tested chemically, it has manifested neither acid nor alkaline reaction, and, as it is not a resin, it is classed among the neutral principles with salicine; although, as has been observed, it is not presented by the manufacturers as a chemically pure, simple agent.

I send you the inclosed sample, and bespeak your trial of it, from having had personal experience of the value of the crude herb, as detailed in a former volume of the REPORTER, and also because I have found both this preparation and the crude plant,

among our most valuable nervines and tonics, in cases of depression of the nervous and vital powers after sickness, or over-exercise, or from long-continued and exhausting labors.

Of the powder, I have found even one grain produce its quieting and soothing effect, controlling nervous agitation, and inducing a feeling of quiet and strength; but I have frequently administered it to the extent of three or four grains, repeated several times a day, and, like most medicines of its class, I consider that a comparatively large dose may oftentimes be demanded.

If, in the concentrated, powdered form, it be found on trial to possess the medicinal properties of the herb, the scutellarine will be a valuable addition to the armamentarium of the profession.

I also send you a specimen of the *Cypripedine*, or the resinoid principle of the *Cypripedium pubescens*, or the red Ladies' Slipper, which is also well known, in many parts of the country, as a general sedative or soother of the nervous system.

This preparation the manufacturer considers to be a nearly pure resinoid of the root of the plant; but neither he nor myself consider this the best mode of obtaining the medicinal properties of the plant in a concentrated form.

This was obtained by distilling off the alcohol from the tincture, and then precipitating the resin with water, and carefully washing away the pectin and other soluble matter, leaving a nearly pure, but not chemically pure resin.

I have not given the cypripedine a sufficiently careful test to speak of it with confidence, but hope to find it of value. I have, during the two past years, frequently tested an oleo-resinous, or semifluid preparation of the ladies' slipper, and am highly pleased with it.

Within the few months past, I have with great care tested another preparation with the same name, but of the mode of manufacturing which, I have not been made acquainted, and I have been unable to discover that it possesses any medicinal power in eight grain doses.

This latter unknown preparation is a light-colored powder with a distinct odor of valerianic acid, and when wetted, of an unctuous or sticky nature, as though it might contain a large amount of pectin, or gum Arabic. As it is insoluble in alcohol, I conclude it is not a resin. I have placed a sample in the hands

of an experienced chemist, and perhaps I may be able to inform the profession as to what it actually is.

I am now, and have been, for some considerable time past, carefully testing several *concentrated preparations* of plants, some of which are, and others are not, officinal; and I would be pleased to furnish you, or any of your friends, with specimens, free of expense, for them to test.

I make the offer solely that these articles may be thoroughly tested by the profession, and adopted or rejected, as they may be found worthy or unworthy the confidence of the profession. As I have not the remotest interest, either direct or indirect, in their manufacture, my object is solely for the good of the profession.

189 SEVENTH ST., CINCINNATI, Feb. 7, 1855.

ART. VII.—*The Expulsion of Tape-Worm by Pumpkin Seed.*
By JOHN C. S. MONKUR, M. D.

THE following case is taken from my *Office Record of Medical and Surgical Cases*, 1855.

January 14, 1855. Mr. Grimes, aged 37 years, carpenter by occupation, is at the office to-day, with a vial containing *vermes cucurbitinus*—the tænia, or tape-worm. He states that since the 1st April, 1854, to the present time, January 14th, 1855, he has passed almost daily, from ten to thirty links of the worm in twenty-four hours. During this whole time, with the exception of the last two weeks previous to his present attendance at the office, he has enjoyed his usual good health; has had excellent appetite; not lost a day from his work: when his strength failed him, he became so weak as to be compelled to leave his daily labor, and with an entire loss of appetite, which obliged him to seek my advice to remove the worm. He is ordered the following: "Bruise six ounces of pumpkin seed thoroughly in a mortar, without removing the shells, and add water sufficiently to give by expression and straining, *one pint* of liquid. In the morning, at 7 o'clock, he is to take half of the liquid, and follow it in two hours with two tablespoonsful of castor oil; he is at one o'clock P. M. to take the

other half, and at three o'clock P. M. he is to take three table-spoonsful of the oil."

January 16. Mr. Grimes returns to-day, and has the worm in a bottle. He states that he took the medicines as directed, and at 4 o'clock yesterday evening they operated once; in fifteen minutes afterwards the second time, which brought the entire worm, without other inconvenience than active purging from any other medicine. He passed first four joints; then followed an entire worm, which he measured by his carpenter's rule, and found it in length seventeen feet.

February 10, 1855. Mr. Grimes visits the office to-day, and reports that, from the expulsion of the worm to the present date, he has not seen or felt any of it, and is certain from its first appearance up to the time of his application for its removal, that links have passed from him night and day, asleep or awake, at work or play, from fifteen to twenty inches in twenty-four hours.

Remarks.—The case reported above is the second case the writer has had the opportunity to witness, and in both he was successful in the discharge of the worm by the administration of the pumpkin seed. The first case occurred in 1853, in which had been taken large doses of spirits of turpentine, the male fern, and the new remedy, *kousso*, but ineffectually; when an *orgeat* of the seeds removed the entire worm, since which time the subject of it has had no return, and enjoyed a perfect state of health.

For the selection and employment of the pumpkin seed, the writer is indebted to the paper of Mr. Soule, of Boston, who has communicated his experience with it in volume xlv. of the *Boston Medical and Surgical Journal*. Other cases have since been reported in the same journal, of its successful action in the removal of *tænia*.

It may be remarked that care should be taken that the seed be fresh and good (those grown in the West Indies are preferred), and when properly prepared and duly administered, its purpose and efficiency may be relied on.

BALTIMORE, MD., Feb.

ART. VIII.—*Dr. Brainard's Prize Essay.*

[The following correspondence explains itself. We are glad that Dr. Brainard has responded to our inquiries. They were intended to elicit a reply partly in hope of having a doubt in our own mind settled, and partly because we either saw or heard the fact spoken of in a manner which seemed to be intended to reflect on both the Association and the author of the Prize Essay.

Dr. Brainard's paper is a valuable one, and does credit both to himself and to the Association, through whose *Transactions* it reaches the profession in its present form. We trust that he will pursue his investigations into the phenomena of surgical pathology, and that they will meet the reward they merit at the hands of both the American and the European surgeon.—ED. N. J. MED. REP.]

CHICAGO, ILL., Feb. 8, 1855.

S. W. BUTLER, M. D.,

Editor of the New Jersey Med. Reporter.

SIR: In the number of your journal for January, I observe the following questions appended to a notice of the prize essay in the last volume of the *Transactions of the American Med. Association*. "Was not this paper published in Paris before its presentation to the Association? If so, was it a legitimate competitor for the prize?"

In reply to the first inquiry, I beg leave to state that the principal views contained in that paper have been taught by me in my public lectures since 1844, and that my opinions of the method of treatment therein recommended were published in the medical journals in this country in 1850, and 1852.

During the winter of 1853-54, while residing in Paris, I determined to embody them in form of an essay for the American Medical Association; and in order to do so in a satisfactory manner, as well as for the purpose of prosecuting other researches in which I was engaged, I was obliged to keep a laboratory, and carry on a course of experiments on animals, and to ask the privilege of having drawings made of preparations in different pathological museums.

My views thus became known, and as they could not be published in the *Transactions of the American Med. Association* for nearly a year, during which time they might be made public through other channels, I embodied them in a memoir, which was printed in Paris, and distributed to certain learned societies, and to some friends, but not presented to any society for a prize, or report, or examination by a committee.

This memoir was in a very imperfect state, and it was entirely

rewritten, many additions made, parts suppressed, others changed, and in this form it was presented to the Association.

Such, sir, were the circumstances under which it was produced.

In reply to your second question, I can only state, that according to my view, I have at the present time a perfect right to present the essay for a prize, with or without such alterations as my experience may suggest, to any society in Europe; and that its publication in the *Transactions* does not in the least detract from its originality. If presented in any case where the name of the author was required to be kept secret, the name, of course, should be withheld.

Such, sir, is the view upon which I proceeded in sending the essay to the committee on prizes; and in so doing I acted in pursuance of the counsels of scientific gentlemen of Paris, whose elevated position and familiarity with the usages of scientific bodies, give authority to their opinions.

On noticing the queries contained in your Journal, fearing lest from ignorance of some technical rules, I might, in my desire to contribute to the success of the American Med. Association, have violated them, I took the liberty of addressing a letter to Dr. E. Brown Séquard, now Professor of the Institutes of Medicine in the Med. College of Richmond, Va., knowing that his former position as secretary of the Society of Biology of Paris, and his general knowledge of the subject, must have rendered him familiar with the practice of European societies in this respect.

I send herewith a copy of his reply, which will show that I am not alone in the view which I take of this subject. By inserting it with this note in your valuable Journal, and mentioning that my name is *Daniel*, and not "David," as printed in the *Transactions*, you will much oblige

Your obedient s^tvt,

DANIEL BRAINARD.

(Copy.)

RICHMOND, VA, January 29, 1855.

DEAR SIR: In answer to your questions, I will say:—

1st. That the Academies of Sciences and of Medicine in Paris give two kinds of prizes; one kind to persons who have made discoveries, whether published or not. If your paper, for instance, after having received as much publicity as possible in this country and all over Europe (as it so much deserves), is presented for a prize to the Academy of Sciences, it will certainly be admitted, and it will have a prize if the committee finds in it a new discovery of great importance. For the second kind of prizes there are the same rules in Paris as in the American Medical Association; i. e. 1st, the author must not name himself; 2d, the paper

must be an original one. But every year the two Academies and other societies in Paris award prizes to essays, the authors of which had already published their views on the subject. I might give you a long list of examples of this fact, but the two following are, I think, sufficient.

Dr. Leroy d'Etiolles, Jr., has had, in 1853, a prize from the Academy of Medicine for a paper on the question of the existence of paraplegia not produced by myelitis. He had published three years before a paper on this subject, and in his prize essay he has merely added some new facts to prove the truth of his original views in the matter. In 1852, the same Academy gave a reward to Dr. Parola for researches on the action of ergot of rye, the results of which had been already published many years before.

2d. That it seems to me (and this is the view of the prize committees in France and in Europe generally), that an original paper is characterized by the fact that it contains original facts or opinions, and not by its having been published or not.

3d. That the intention of the American Association cannot be to give rewards to *unpublished* views, but to *original* views; and that if I am not mistaken, and if it is the intention of the Association to give rewards only to papers that are both entirely unpublished and original, I think it will be extremely difficult, if not impossible for the Association to succeed in having many such papers every year. Suppose that a surgeon or a physician has made a discovery of a new treatment of any disease; how can he not publish it before he has collected facts enough to write a paper to be presented for the prize? How can he prevent his patients, his students, his medical friends from giving an account of his discovery to some hungry medical journal? Shall he be deprived of his right of being rewarded by the American Medical Association because his discovery has been partly published? If it is so, I am afraid many original papers, which otherwise might be sent to the Association, will not be presented to it.

With sentiments of respect and esteem,

Yours sincerely,

E. BROWN SÉQUARD, M. D.

PROFESSOR D. BRAINARD,
CHICAGO, ILL.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. IX.—*Extracts from the Minutes of the New York Pathological Society.*

DEC. 27, 1854.

Dr. CLARK presented a specimen of blood, from a patient who died of gangrene of the feet, nose, fingers, etc. The following history has been furnished with the case: "L. W., aged 28 years, was admitted to the hospital about three weeks since, with a sore mouth, which she attributed to some pills that were administered by a physician; she also complained of great tenderness of her feet, which were blue and cold for about three inches above the ankle. Her nose and two fingers of the left hand were in the same condition. Afterwards, the other hand and the ears became affected, and, still later, other parts. She died the night before last. At the autopsy, all the internal organs were found healthy. The iliac, femoral, radial, tibial, and brachial arteries were examined, and found pervious and healthy."

The coloring matter seemed to be diffused through the whole mass of the blood, and not to be confined to the red corpuscles, which were very few and strong. The lymph corpuscles were also few, but large.

Dr. CLARK exhibited a specimen of cancer of the cardia, of interest from the valvular form of the growth obstructing the passage of the food.

Dr. PEASLEE thought this case very interesting, from the satisfactory manner in which the *post-mortem* appearances explained the *pre-mortem* symptoms. Some of the latter, however, reminded him of a case of his, in which malignant disease was entirely out of the question. The patient was a medical pupil, 26 years of age, and perfectly well in every other respect, who for three or four years previously could not pass any solid food into his stomach by ordinary acts of deglutition. It would apparently accumulate in the oesophagus until six or eight ounces had thus been collected, when a sensation of great tension and distress would at once occur, and which would be promptly followed by the ejection of the food, unless great quantities of water, two or three tumblersful, were swallowed with the greatest rapidity. In this way the food would be carried at once into the stomach, and instantaneous relief afforded. The difficulty had not increased at the time alluded to for the last two years, nor did it increase in the least degree for four years subsequently. He is now a foreign missionary. Dr. Peaslee supposed that there must have been a dilatation of the

oesophagus, which might have been produced by some valvular development of the cardia, though certainly not from malignant disease.

Dr. W. PARKER inquired if the oesophageal bougie had been used by way of exploration.

Dr. PEASLEE said that it had been by others before he saw the case, but without detecting dilatation.

Dr. PARKER asked if pouches in the oesophagus were common on record.

Dr. PEASLEE said that his attention had been directed to that question at the time, but that he could not find any case of the kind.

Dr. POST had seen a case of disease of the oesophagus which was thought to be malignant, but which proved to be chronic abscess, as it afterwards burst and discharged itself, having existed several months.

Dr. CLARK remarked that one difference between his case and that of Dr. Peaslee was that the patient in the former was diabetic, and in the latter generally healthy.

Dr. CLARK presented a lung in which gangrene had taken place. The disease had gone on, and successfully passed the crisis, when the patient died suddenly from pulmonary hemorrhage. A large cavity was found in the lung, lined by a pyogenic membrane. Dr. C. remarked that they were able to assert the precise time the membrane was formed and commenced secreting pus.

Dr. BATCHELDER asked how large a proportion of those affected with gangrene of the lung recovered.

Dr. CLARK thought from two-fifths to one-half.

Dr. BATCHELDER gave an account of a patient he had some thirty years since, affected similarly to Dr. Clark's patient. His patient also died from pulmonary hemorrhage.

Dr. CLARK thought that, in his case, gangrene was not preceded by inflammation of the lung. He also felt quite sure that this is ever the case, and that the gangrene is the exciting cause of the accompanying pneumonia.

Dr. W. PARKER thought that this was contrary to the generally received opinion.

Dr. CLARK did not feel satisfied as to the reason. He had investigated the subject with Dr. Swett, and, like Dr. Creswell, found the result as he had just stated. Dr. C. remarked that there were other tissues that never became gangrenous in consequence of inflammation.

Dr. BATCHELDER thought Dr. Clark's opinion was correct, and that the inflammation was an effort at reparation.

Dr. CLARK thought the inflammation a result of irritation.

Dr. PEASLEE would receive the proposition that inflammation of the lung never produces gangrene of its substance with much

hesitation. Certainly, analogy pointed in the opposite direction. Inflammation is admitted to produce gangrene of the areolar tissue and of the brain, and he could see no impossibility or improbability in the idea that it might produce similar effects and consequent sloughing in other parts or organs well supplied with blood. Moreover he had, within the past month, seen a case of gangrene of the lung in which all the usual signs of pneumonia had been present for two and a half weeks, as nearly as he could judge from the facts of the case, as detailed at the consultation visit, before any signs of gangrene manifested themselves. He had also arrived at a similar conclusion in another instance, though aware of Dr. Carswell's opinion on that subject. Though, therefore, he believed that gangrene of the lung is very often, and perhaps generally, produced by other causes than inflammation, he could not accede to the proposition that inflammation of the lung never produces it.

Dr. CLARK thought there was no disputing the position that serous membrane never mortifies as a direct consequence of inflammation. On the other hand, if cerebral substance becomes inflamed, gangrene or softening is very apt to follow. Next to the cerebral substance, gangrene is apt to follow inflammation in the areolar tissue. The next tissue in order is the mucous membrane and the skin, when the tissues below are dead; but not often otherwise. Dr. C. thought the membrane lining the air-vesicles more nearly allied to mucous than to serous membrane.

Dr. PEASLEE still thought the analogy held good.

Dr. CLARK remarked that analogies are good for nothing in a case like this, unless closely analyzed, and that the case spoken of by Dr. P. was too vague to be of any practical value, inasmuch as Dr. P. had not seen the case previously to consultation.

Dr. PEASLEE replied that, in one sense, he entirely agreed with Dr. Clark as to the value of analogies in respect to the proposition under discussion. In another, however, he entirely disagreed with him. Of course, no such proposition can be established by analogies alone. Nothing but observation can establish any such positive statement. But analogies may be of great value in the way of putting us on our guard against too readily adopting any such exclusive proposition, and may even throw a doubt upon it, if they all point the other way; and it was on both these accounts that he had suggested them. In regard to the vagueness of the case to which he had alluded, he would say that he had not intended to give an account to the Society other than vague, since he only alluded to it rapidly, as a case inducing him to doubt the correctness of the proposition, that inflammation never produces gangrene of the lung.

Dr. CLARK further remarked that the branches of the pulmonary artery anastomose only with the return vessels. Hence, if a

trunk going to any given amount of the lung be obstructed, that portion of the lung must die.

Dr. PEASLEE replied that unless we assume also that inflammation cannot obstruct the minute vessels in the lung, as it was proved to do elsewhere, he should consider that the peculiarity of the circulation just alluded to by Dr. Clark would render the lungs even more liable to gangrene as a result of inflammation. For if the latter should chance to obstruct a single terminal artery entering a lobule, the whole lobule must necessarily die, and so in proportion to the size of the vessel occluded.

Dr. CLARK thought that inflammation can effect only the capillaries, while in his case he found obstruction of the trunks going to the part by stricture or obliteration of the vessels.

Dr. WEBER presented the entire osseous system of a woman who died of cancer in Amsterdam.

Dr. CLARK thought this the most extensive case of carcinoma ever presented to the Society. It also confirmed the opinion of Dr. Markoe upon a case presented to the Society, some two years since, of a mammary cancer which seemed to retrograde, leaving the breast finally very hard, yet afterwards manifesting itself in the peritoneum.

Dr. POST remarked upon the great number of foci in Dr. Weber's case without any great centre.

Dr. PARKER mentioned the case of a female, who resided upon Staten Island, whose breast had been diseased, and remained hard thirty years, who finally died with cancer of the uterus.

Dr. WEBER also presented an amputated leg, the history of which was given by Dr. Parker, who had seen the case a few days previously in consultation. Dr. P. found that the patient had been troubled with a pain in the foot since last August, that he had also been troubled with a small tumor in the popliteal space. This tumor had been poulticed for a considerable time by the then attending physician, who, under the impression that it was an abscess, had finally laid it open, but was disappointed in finding nothing but blood. Dr. P. could not detect pulsation, and felt inclined to look upon it as a malignant growth, and, with this impression, advised amputation. Dr. Weber saw the case the next day, and, after consultation with Dr. Parker, amputated at the lower third of the thigh. Upon dissecting the tumor, it was found to be an aneurism of the popliteal artery.

Dr. WEBER remarked that the bone was also somewhat diseased, and that the amputation was justifiable. He added that the patient had been troubled with stiffness of the knee-joint nearly a year, with considerable cedema of the lower extremity, but only for the past three weeks had the tumor increased rapidly. This rapid increase, Dr. W. considered to be owing to rupture of the aneurismal sac.

Dr. O'RORKE presented a specimen of cancer of the pancreas, taken from a young man twenty-four years of age, who had always been perfectly well until last spring. When first called to him, Dr. O'R. distinctly heard the bellows murmur over the precordial region, which decreased gradually until the fourth week, when it entirely disappeared. The tumor was mostly situated upon the left side. Dr. Metcalfe saw the patient in July, but felt quite uncertain as to the nature of the disease. Another physician saw him in September, and thought he could cure him. He first bled him in the recumbent posture *ad deliquium*. He then gave him a powerful emetic, followed by mercury to salivation. At this stage of the treatment Dr. O'Rorke saw him, and continued to visit him until December 24, when he died.

Dr. METCALFE remarked that this was a case of unusual interest, on account of the very many adhesions with surrounding organs, and that he did not recollect the record of any case where there was so much destruction of the walls of the stomach. He found, on microscopical examination of the specimen, minute elongated cells, a very large quantity of oil globules, and cells with large nuclei.

Dr. CLARK asked if the dissection had been so made that it was sure that the pancreas was really the seat of the disease? This organ, he thought, was very seldom the seat of cancerous disease, but that cancer often manifested itself in the areolar tissue, displacing organs which, of themselves, are free from disease.

Dr. BATCHELDER remarked that he had repeatedly observed pulsation in abdominal tumors to disappear. He asked the cause. Thought such tumors were generally malignant.

JANUARY 10, 1855.

Dr. CLARK presented a specimen of parasitic vegetable growth, removed by Dr. Kissam from the ear of a lady æt. sixty years. The ear had been syringed after emollient applications, for the removal of a suspected accumulation of inspissated cerumen, causing deafness. The edge of a white membrane presenting, Dr. Kissam was able to withdraw by forceps what seemed to be a white membranous lining of the whole lower external ear. It was moulded to its walls, having on its surface an impression of the bones of the tympanum. On its removal, the hearing on that side was very much improved. The other ear was to receive the same treatment. On microscopic examination, the mass of the membranous accretion was found to consist of a vegetable product, belonging to the same general class as the *bidum albicous* described by Dr. Clark at the meeting of this Society January 25, 1854, but unlike it in being unicellular, or composed of cells of unusual length. The stem had somewhat branched, and the spores appeared to be more or less vested in the epithelial cells.

Dr. Clark thought that this plant probably grew from the epithelial lining of the external ear. He believed that a vegetable growth in the ear had not before been recognized as a cause of deafness.

Dr. CLARK also presented a mass of fibrous tumors, weighing several pounds, springing from the fundus and body of a uterus. The woman from whom the specimen was taken died suddenly, and the partial history of the case obtained was of no value.

Dr. DALTON showed a malformation of the heart, from a mulatto male infant, in which the organ had but two cavities, viz: one auricle and one ventricle. The case occurred in the practice of Dr. H. W. Brown. The infant was the fifth child of its mother, but the first by a new husband, the mother having married a second time. All the other children were perfect except the first, which was born before its time, and lived but a few hours. The infant from whom the specimen was taken was born at full time, and had no other malformation. It appeared quite well for eighteen hours after birth, except for some coolness of the skin. It then began to show signs of distress, which were attributed to flatus, grew constantly cooler at the surface and more dark colored about the face, and died, without any other remarkable symptom, about twenty-four hours after birth. The heart was of natural size and nearly of natural shape externally, but, on being opened, was found to consist only of the right auricle and ventricle, the left cavities being entirely wanting. The blood passed out of the right ventricle through the pulmonary artery, which sent two small branches to the lungs, and then continued onward, by the ductus arteriosus as a large trunk, to the arch of the aorta. Part of the blood then passed down through the thoracic aorta, and part returned, in a backward direction, through the aortic arch, which, after supplying the head and upper extremities, returned to the heart, and terminated in the coronary arteries.

Dr. DALTON also exhibited a horny epidermic growth from the forehead of a man about twenty-five years of age, which had been removed by Dr. Detmold. The horny protuberance was a quarter of an inch long, of a brownish color, and fissured longitudinally. Its base was seated in an enlarged cutaneous follicle.

Dr. SAYRE exhibited a portion of the walls of the abdomen of a patient into whose peritoneal cavity he had introduced a lead seton, for the purpose of producing adhesion of the walls of the cavity, in a case of ascites dependent on organic disease of the heart. Also, a portion of the intestines which were agglutinated by recent lymph. The most serious symptoms caused by the accumulation were relieved by the operation, but the patient died with diarrhoea. The autopsy showed that general peritonitis, with adhesion, had been excited by the seton, but that there had not been a sufficiently free exit to accumulating fluid. Dr. Sayre thought that it would have been better to have left in a canula,

as in Dr. Hart's recent operation. Dr. Sayre had operated once before, under similar circumstances. The man was greatly oppressed by accumulation of serum from organic disease of the heart. Having drawn off twelve quarts of fluid, he introduced the lead seton, and made incisions over the malleoli. In twelve days, sixteen quarts of serum escaped by these incisions. Peritonitis having been excited in a mild degree by the seton, no re-accumulation in the abdomen took place, and the patient got about, and is now living in moderate health. A history of the first case was furnished for the archives of the Society.

Dr. CLARK inquired as to the result of puncture of the abdomen for the removal of serous fluid, when the wound has not been closed? His experience had been that the operation led to unpleasant results in a large proportion of cases. Dr. Clark thought that the fact, that the friction of the bowels was apt to be impaired when general agglutination took place, was an objection to the introduction of a foreign body like the seton, which would excite adhesive inflammation.

Dr. SAYRE considered this result of the operation the less of two evils. In answer to Dr. Batchelder, he stated that the bowels of the first patient mentioned, were regular for ten days after the operation, until diuretics were administered, when diarrhoea set in.

Dr. CONANT suggested the whole sac of the vagina, when the peritoneum is reflected from the rectum, as a suitable point for puncture of the abdomen in cases of accumulation of fluid.

Dr. SAYRE thought that the wound would not generally heal. He inquired the result of operations for ascites by injection of the abdomen.

Dr. COCHRAN alluded to a case reported by Dr. Otto Rotton, of a case of ascites of twenty years' standing cured by the injection of tr. iodine.

Dr. EMMET exhibited a heart, with the following history: A female, a native of Ireland, æt. 30 years, was admitted to the Emigrant Hospital, Ward's Island, Nov. 30, 1854. On admission, the face, body, and lower extremities were very œdematous, with effusion into the peritoneal sac. The left side of the chest was dull on percussion as high as the spine of the scapula, at which point the respiratory murmur could be heard, although very feeble. The resonance on the right side was nearly normal. The lung was somewhat œdematous. There existed an extensive effusion into the pericardium. The right ventricle was hypertrophied and dilated with tricuspid regurgitation. Heart's impulse very feeble, with a double murmur over the apex. Pulse 120 per minute, small and feeble. She died December 28, 1854.

Autopsy, forty-eight hours post-mortem.—The effusion was very great in the left pleural cavity, with the lung compressed to nearly half its normal size, and firmly bound down on its pos-

terior surface with a dense band of fibrin about an inch wide, extending from apex to base. The pericardium contained about a pint of fluid. The right ventricle was dilated. The mitral valves were glued back to the side of the ventricle so as to form a complete tube. Other organs healthy.

Dr. ISAACS related an instance of enchondroma in a negro, connected with the knee-joint. A tumor was noticed in the popliteal space half the size of a hen's egg. The popliteal artery and vein were found to be stretched over it. It was enchondromatous in its structure, and was attached to the posterior ligament of the tibia. There were several smaller masses disengaged, from the size of a shot to that of a pea, and another, very firm, connected not only with the cartilage of the tibia, but even of one substance with the joint itself.

Dr. SAYRE thought these growths to be probably the result of inflammation of the joint, as in two instances where he had opened joints where ulcerative disease existed, the loss of substance was repaired by material similar to this, so far as could be determined by the eye and probe.

Dr. FINNELL exhibited three atrophied infants, and stated that similar cases came under the notice of the coroners frequently. They are found only in the poorer districts of the city, are fed on tea, coffee, and bad milk, are teased with vermifuge medicines, and generally die in convulsions. On examination after death, the head is found enlarged, weighing generally as much as the body, with considerable serous effusion in the ventricles. The children are under six months old; there is no sign of disease but atrophy. No fat is found except in the orbits and under the malar bones. At one year of age there is enlargement of the cervical glands, and after one year generally tubercles. Dr. Finnell said that he considered the effusion into the ventricles as anemic, and not as inflammatory effusion. The parents were generally healthy.

Dr. FINNELL exhibited a specimen of internal strangulation of the small intestine. The patient, a man æt. 27, was well until forty hours before death, when he was attacked with cramp and pain in the bowels. Then he took peppermint and brandy and went to bed. The same night he took castor oil, but with no relief. Other cathartics were administered, but were vomited. Five hours before death he spoke of feeling better. At the autopsy, about two feet of the ileum was passed under the sigmoid flexure of the colon, where the peritoneum was deficient at the upper part of the rectum, and there twisted on itself.

Dr. BATCHELDER thought that the stethoscope would assist in the diagnosis of internal strangulation of the bowels. He is able to trace peristaltic motion through the whole course of the bowels, can hear the contents of the bowels drop through the ileocolic valve, and can detect obstruction of the bowels.

BIBLIOGRAPHICAL NOTICES.

ART. X.—*Puerperal Fever as a Private Pestilence*. By OLIVER WENDELL HOLMES, M. D., Parkman Professor of Anatomy and Physiology in Harvard University. Boston: Ticknor & Fields, 1855. Pp. 60.

THIS work, though a pamphlet, is worthy of more than a passing notice. There is a "point at issue," having earnest, learned, and honest advocates on both sides, which, in our view, is a *real opprobrium medicorum*. That point relates to the contagiousness of puerperal fever. For our part, we earnestly wish the profession could come to some settled belief on the subject; that the stigma, whether made openly or by implication, that there is *one man* in the profession *base* enough to oppose the doctrine from mere mercenary motives, may be for ever removed.

Dr. Holmes's pamphlet consists of three parts: 1. An advertisement of Harvard University. 2. An introduction; and 3. A republication of an essay read by him before the Boston Society for Medical Improvement, Feb. 13, 1843. And in characterizing this pamphlet as an advertisement, we must not be understood as applying the term to *it* alone, for we have learned to regard a large proportion of the pamphlets "reclamations," and *some books* in no other light than advertisements for their authors or some school. *This* is something more. Dr. Holmes is evidently earnest in his belief of the contagious nature of puerperal fever. For *him*, therefore, after encountering a case of puerperal fever, to attend other calls to women in labor, would be criminal, whether he communicated the disease or not. It would be a case of *attempted murder*. We hold Dr. Holmes there. But what will *he* say of Drs. Hodge and Meigs? *They* declare from observation and experience, and they cite, too, the recorded experience of men who, like themselves, *have worn the harness*, and are not mere theorists, that puerperal fever is *not* contagious. We believe these men are as learned, as experienced, and as *honest* as Dr. Holmes can be supposed to be. We have no doubt of Dr.

Holmes' honesty in the support of his theory, and his essay is made up principally of quotations from different and respectable authors on the same side of the question; yet, when an equal number of honest, upright, and careful observers can be arrayed on the *other side* of the question, we want more experience and observation than we are disposed to accord to Dr. Holmes, to warrant as magisterial a bearing as he assumes.

In his introduction, Dr. H. sometimes grows quite pathetic. There is poetry enough in his composition to excite the feelings, and even moisten the eye. On Dr. Meigs he is particularly severe. In fact, this portion of the pamphlet is devoted principally to the sixth letter in Dr. M's. recent work on Child-bed Fevers. But for that letter, and the opportunity to bring Harvard College before the public in a *popular* light, we doubt whether Dr. Holmes' essay, that has lain so long dormant, would have been republished.

After all, "though we thus speak," if Dr. Holmes and his authorities are right, and the Philadelphia professors and their authorities are wrong, the more's the pity that the weight of such influential names should be arranged on the side of a dangerous doctrine. It becomes all, therefore, who oppose the doctrine of contagion to examine well the premises on which their opinions are founded, and if they have any reason to doubt their accuracy, let them act accordingly. But, let not a man of limited observation and experience, charge brethren of large experience, even by implication, with holding and teaching certain views, for fear their income may be affected by the prevalence of opposite views.

To those desirous of consulting authorities who support Dr. Holmes' view of the case, we would recommend his pamphlet.

ART. XI.—*Autobiography of Charles Caldwell, M. D.* With a Preface, Notes, and an Appendix. By HARRIOT W. WARNER. Philadelphia: Lippincott, Grambo & Co., 1855. Pp. 454.

WELL-WRITTEN biographies are valuable contributions to the literature of any age; and we hail such works with pleasure, when the subjects of them are medical men, as adding something to the medical history of the times. These remarks are applicable,

to a certain extent, to the work before us. The subject of it was born in North Carolina in 1772, and came to Philadelphia in 1792; at which time he began his medical studies in that city, graduating from the medical department of the University of Pennsylvania in 1796. He had excellent opportunities, therefore, of forming the acquaintance of such men as Shippen, Kuhn, Griffiths, Barton, Wistar, and Rush. From the pen of a reliable contemporary, incidents of the lives of such men would be very valuable, especially if recorded after the jealousies and acerbities of earlier years have had an opportunity to be worn off by the attritions of time.

Dr. Caldwell's book contains much that is of interest and value concerning the prominent physicians of Philadelphia who lived at the close of the last, and commencement of the present century. But, unfortunately, the style of the book betrays a censorious and vindictive spirit that ill becomes the faithful historian, and that must cause statements, which might otherwise be of great value in an historical point of view, to be received with caution, if not with distrust.

Dr. Caldwell was talented, industrious, and ambitious, but, withal, dogmatic, self-sufficient, and consequently destitute of pleasantry and good nature.

He was ambitious to succeed Dr. Rush in the chair he occupied in the University; a post which his talents and industry rendered him capable of filling with honor to himself and the school; but his unhappy disposition, and the difficulties it threw in his path, were an effectual barrier to his progress in that direction. He left Philadelphia in 1819, and removed to Lexington, Ky., and became connected with a medical school in that city. This was the commencement of his career at the West, where the remainder of his life was spent.

Dr. Caldwell became a convert to the dogmas of phrenology, and, about the years 1826 or '27, was known as a travelling lecturer on that subject.

Aside from the defects referred to, this is an interesting book, and will, no doubt, be acceptable to many, particularly to those who were acquainted with the eccentricities of its author. It is brought out by the publishers in a very fine and attractive style, and is accompanied by a fine likeness of Dr. Caldwell.

ART. XII.—*Table of Urinary Deposits, with their Microscopical and Chemical Tests for Clinical Examination.* By JOHN KING, M. D. Cincinnati, Ohio, 1855. Price, 50 cents.

THIS is a very valuable chart, giving at a glance the essential facts in regard to the various forms of urinary deposits, their chemical constituents, and their remedies. There are thirteen well-executed drawings and several tables. This chart can be framed and hung up in the physician's office, and thus easily referred to. We heartily commend it to the attention of our readers. Inclose fifty cents, in post-office stamps or otherwise, to Dr. John King, Cincinnati, Ohio, and the chart can be returned by mail.

ART. XIII.—*The Principles and Practice of Obstetric Medicine and Surgery in reference to the Process of Parturition.* With sixty-four plates and numerous wood-cuts. By FRANCIS H. RAMSBOTHAM, M. D., &c. &c. A new American edition, revised by the Author, with notes and additions, by Wm. V. KEATING, M. D., &c. Pp. 648. Philadelphia: Blanchard & Lea, 1855.

THE first edition of this work has had such a wide circulation, and is so well known to the profession, as to render anything we might say upon its merits, a work of supererogation. To the present "new American edition," many and important additions have been made both by the author and the editor, making one hundred and twenty pages of new matter. These additions, as set forth in the preface of the editor, "refer chiefly to the inclined planes of the pelvis, generation, signs of pregnancy, foetal circulation, mechanism of labor, employment of anæsthetics, use of ergot, American forceps and rules for their application, views of American obstetricians on puerperal fever, ruptures of the uterus, causes of abortion," &c. &c. The illustrations are more numerous than in the former edition, and much better executed. Against the employment of anæsthetics in parturition, Dr. R. argues at much length and with great force and earnestness, and though his views on this subject may be thought quite too conservative for many, his remarks will be read with interest and profit by all. Into this discussion, and several others in the volume, the editor

enters with considerable terseness and spirit, with the view of presenting to the American reader the opinions of our own prominent practitioners upon many mooted questions, in juxtaposition with those of our distinguished author. Professors Hodge and Meigs, of course, as well they may, stand highest among the authorities quoted by the editor, and are by no means overlooked by the author. By the way, has not Dr. Hodge promised us a work on the mechanism of labor, to be regarded as an addendum to the standard works of Ramsbotham and Dewees? Such an addendum is needed, and we know no one better able to furnish it. We have been looking for it for some years, and as we know how valuable a contribution it will prove to our American medical literature, we hope it may be very soon forthcoming.

ART. XIV.—*What to Observe at the Bed-side and after Death in Medical Cases.* Published under the authority of the London Medical Society of Observation. Second American, from the second and enlarged London edition. Philadelphia: Blanchard & Lea, 1855. Pp. 228.

WE are glad to see that a new edition of this useful little work is so soon called for. We hope that it will be the means of stimulating the profession to make more frequent *post-mortem* examinations, and also to making records of their cases. This would be a great source of benefit to themselves, and might be made so to their professional brethren.

ART. XV.—*First Report to the General Assembly of Rhode Island, relative to the Registry and Returns of Births, Marriages, and Deaths in the State, for the year ending May 31, 1853.* Prepared under the direction of ASA POTTER, Secretary of State. Providence: Sayles, Miller, and Simons, Printers to the State, 1854. Pp. 188.

WE are under obligations to a kind friend in Providence for a copy of the above interesting report. Although not complete in all its details, it is probably quite as much so as could be

expected in a first report. It is gratifying to see the increasing attention that the subject of registration is attracting in this country, and we heartily reciprocate the wish of the reporter, that Rhode Island may become "a standard of excellence; the bright particular star in the American Constellation, * * * in matters of Sanitary Reform."

As usual, members of the medical profession have been among the prime movers in the matter, and prominent among these we observe the name of Dr. Joseph Mauran, of Providence, to whose untiring personal exertions, according to the Secretary of State, that State is largely indebted for the successful establishment of the present Registration Act.

* * Those of our readers who may be desirous of possessing a life-like portrait of the late Samuel George Morton, M. D., for framing, can be accommodated by calling on Lippincott, Grambo, & Co., Philadelphia.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.

THE eighth annual meeting of this Association commences in Philadelphia, on Tuesday, May 1, 1855. It will probably be the occasion of a very large gathering of the most prominent members of the profession—those having its best interests at heart—from every section of our wide-spread land, and we anticipate much good to our profession as the result of the meeting. We feel a deep interest in this organization. Its past history, and its aims, are familiar to our numerous readers, as it has been spread before them, in a series of able articles, during the past fifteen months. It has been our desire to keep this noble institution prominent before the minds of the profession, feeling confident, as we do, that it has a great work to perform in elevating it, and *that it will eventually succeed.*

We have not been regardless of the fact that some of our contemporaries, reflecting the opinions of not a few of the profession, regard the Association as a failure. But, in no sense that we understand that word, can we so regard it. A failure—when its annual meetings are attended by hundreds of our most intelligent physicians and surgeons, who count it an honor to have their names enrolled on its lists of members! A failure—when its existence has infused life and activity into the heart of the profession, and called into being scores of medical societies all over the land! A failure—when, through its influence, the Drug Inspection law was passed by Congress—when medical teachers and medical schools are, year by year, elevating their standard of requirements from students! A failure—and why? Because it has not yet accomplished *all* that is to be desired in the way of reform in our profession! Then, was our Revolution a failure, and our republican form of government, because there is one land under the canopy of the heavens where a despot dares place his foot upon the necks of his vassals, and crush out the life blood with the faintest sigh that is heaved for liberty! No—the Ameri-

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can Medical Association is *not* a failure. It is a reality—a glorious fact; and, for the time it has been in existence, has done much for the advancement of medical science. Pray, what would our captious contemporaries ask? Would they have the profession of the country, after having put their hands to the plough, look back, and stultify themselves by a retrograde movement, because the errors of ages cannot be rectified in less than a decade of years? We grant that much yet remains to be done, but the Association must not bear all the burden. Indeed, its province is merely to *recommend* a course of action. Its acts are not judicial acts; it is folly, therefore, to look to it for an enforcement of its recommendations. All that the Association can do is to endeavor to exert a steady influence on the mass of the profession, which will have an elevating tendency; and it will better become the medical journals of the country to aid the Association by their influence, than to reproach it for not doing that which it is not its province to do. One evidence that good is being accomplished by the Association, is the fact that never, until now, has the subject of medical education been brought so prominently before the profession of the country by the medical periodicals of the day. Yet our readers must bear in mind that very few of our journals can be regarded as disinterested parties in such a discussion, as the majority of them are in the interest and under the control of medical schools.

We will briefly glance at the principal topics that have been made the subject of discussion. 1. *The requirements necessary to the possession of a degree.* While all appear to be agreed that this should be high, there seems to be a disposition to gauge the amount of requirements according to the dictates of policy or interest. A preceptor who wants a student, will readily overlook many defects in preliminary education, and even in moral character, while a school, desirous of swelling its catalogue of graduates, thereby increasing its income, will wink at glaring defects in those who present themselves for a degree. Thus,

“As lust or vanity inspires,
The heaven of each is what each desires.”

In the present state of affairs, the standard of medical education will have to be raised gradually. The profession must *first* respond

to the recommendations of the Association, in the requirements demanded before a student is permitted to *begin* his studies, and then in the selection of the school which conforms most fully with the course recommended by the Association. One, two, or half a dozen schools are powerless to correct the evil, as rival neighboring schools, by demanding less, soon receive the largest share of patronage. Witness the laudable efforts made by the University of Pennsylvania, and the College of Physicians and Surgeons of New York, and their temporary failure. But it is in the power of preceptors to correct the evil *entirely* in the manner indicated above. 2. *What checks should be thrown around the conferring of the degree?* This question brings up that in relation to examining boards. There are, without doubt, some reasons that need not be named, why the professors of a school are the most appropriate persons to examine its own pupils. And, in some of our schools, this examination, we admit, may be fair and impartial. Yet, we would ask more. Let the diploma be *received as evidence of a certain degree of attainment*, but have ANOTHER TRIBUNAL, before which a candidate for the honors of the profession must appear, before his name can be enrolled among those of the members of the American Medical Association; the members so admitted always being subject to exclusion for immorality, malpractice, or other unprofessional conduct. 3. *The meetings of the Association.* We would advocate greatly prolonged sessions, so that there may be time for reading all the reports and discussing their contents, as also any other questions of interest that may be brought up in the course of the meetings. The next annual meeting would be as favorable a time, perhaps, as any for beginning to prolong the sessions. While we regard favorably the ultimate *permanent location* of the place of annual meeting at Washington, as has been suggested, in connection, if possible, with the Smithsonian Institute, we are not prepared to see such a plan carried out until the Association has met in *all sections* of the Union, thereby uniting each section to it, as it were, by the bonds of sociable feeling.

In conclusion, we most unqualifiedly condemn the expensive entertainments and bacchanalian revels which have disgraced the Association for three or four years past. An entertainment there

should most assuredly be, but let it be such a one as becomes the dignity of the body.

We trust that New Jersey will be well represented in Philadelphia on the 1st of May next, and that her influence will uniformly be exerted to elevate the profession of medicine.

EMIGRATION.

Commerce vs. Humanity.

Whether viewed in the light of political economy, religion, commerce or humanity, the vast influx of foreigners into our country demands, and receives a large share of attention. It is not our province to discuss this question in its relation to our political or religious institutions, nor indeed in its influence on our commerce, except in so far as the life and health of the emigrants are affected by the commercial interest. Our readers cannot have forgotten the awful mortality which has occurred on board emigrant ships for the past two or three years. It has been made the subject of frequent comment in our pages, and in response to a petition from our National Medical Association, and of citizens of New York, it was presented early in the first session of the 33d Congress (Dec. 7, 1853), to the attention of that body, by Hon. Hamilton Fish, a senator from New York. That gentleman having been made chairman of a committee on the subject, gave it his earnest attention, and in order to render himself familiar with the requirements of humanity in the case of the emigrant, he addressed circulars to "members of the medical profession, merchants, navigators who had been engaged in the passenger trade, persons connected with the collection of the customs, presidents of benevolent societies for the relief of indigent emigrants and others throughout the country, and in the cities at which the landing of foreign passengers has chiefly taken place." The answers which have been received to these communications are very numerous, and in many instances, drawn up with great ability, particularly those from physicians, who, referring to the diseases which have caused the suffering on board of passenger ships, have very properly deemed it necessary to treat of their nature, and the causes which have given rise to them.*

* Report of the Select Committee of the Senate of the U. S., on the Sickness and Mortality on board Emigrant Ships.

From this material, Mr. Fish prepared a valuable report, whose recommendations were based rather upon the promptings of humanity than upon the interests of commerce. It will be observed from the quotation above, and it is seen throughout the report, that the opinions of medical men had great weight with Mr. Fish in the preparation of his report, as they had also in the draft of the bill which was based on that report.

Early in the present session of Congress, Mr. Fish's bill came up, and was ordered to be printed. Of course it attracted the attention of those who were interested in the large income derived from the passenger trade. Our merchants had become too much accustomed to gauge the amount of emigration by the capacity of their vessels to stow away living beings, to regard with indifference a law which would tend to diminish the number of passengers, and require that they be better provisioned, and otherwise provided for. They could ship several hundred passengers, and look coolly on; yea, and pocket the passage money, while one in seven or ten of their passengers became food for fishes. Yet when, in order to afford protection to the poor emigrant, Mr. Fish's bill provides, among other salutary reforms, that the passage money of such emigrants as die on the passage shall be refunded to their families, such men as Moses H. Grinnell, Thomas Tileston, M. Livingston, and E. E. Morgan, of New York, can meet together and solemnly denounce their senator in Congress, for daring to stand by the rights and interests of humanity, though they come in conflict with those of commerce. It would seem that the merchants of New York, finding that there were provisions in Mr. Fish's bill which conflicted with what they conceived to be their interests, appointed a committee of their most prominent men to visit Washington, and oppose the bill prepared by their own senator, and urge one prepared by themselves.

We do not presume to say that Mr. Fish's bill was free from objectionable features. It may have required amendment in some particulars, it may have contained provisions that in some respects were "ridiculous and absurd," if viewed through a commercial glass; but, we repeat, it was drawn not so much with a view to the interests of our commercial marine as of humanity; and we are sorry to find any of our merchants so sensitive when their private interests and those of humanity come in conflict.

By very recent arrivals from Europe, it seems that the British Government, jealous of the very great draft made upon its population by emigration, and by the demands of the war, has in consideration a bill "which imposes upon the ship-owners carrying passengers from the United Kingdom, conditions far more onerous than were ever contemplated by any act of Congress."

It is earnestly to be hoped that between the jealousy of the British Government, of losing citizens, and the humane promptings of our legislators, something will be done for suffering humanity, despite the cold calculations of mercantile interest.

EDITORIAL CHANGES, &c.

Henry Rossignol, M. D., has become associated with L. A. Dugas, M. D., in the editorial management of the *Southern Medical and Surgical Journal*, published at Augusta, Ga. The *Charleston Medical Journal and Review* comes to us edited and published by C. Happoldt, M. D., who has succeeded Drs. Cain and Porcher.

The above are two of our best exchanges. Another of our most highly prized exchanges, the *Boston Medical and Surgical Journal*, comes to us with a change in the editorial department. It commences its 52d volume with the names of Wm. W. Morland, M. D., and Francis Minot, M. D., conjoined with that of J. V. C. Smith, M. D., as editors. There has been heretofore some lack of the *esprit du corps* in this journal, that we have been sorry to see, in one with so extensive a circulation, and exerting so wide an influence. We look for a change for the better.

In several of our exchanges, we observe a decided improvement in typographical appearance. We would particularly instance *Reese's American Medical Gazette*, and *Bryan's Philadelphia Medical and Surgical Journal*.

The *Southern Journal of the Medical and Physical Sciences* has been transferred from Nashville to Knoxville, Tenn., but retains the same able corps of editors.

RANKING'S ABSTRACT.

This admirable half-yearly compendium of the Medical Sciences, is republished by Lindsay & Blakiston, of Philadelphia. Terms: \$2.00 per annum; postage free, when paid for in advance.

☞ This number has been delayed several days by the late reception of the Minutes of the State Medical Society, which did not reach us till the 27th of February.

☞ The Portrait of Dr. Wellford, of Va., and the continuation of the History of the American Medical Association, will appear in our next.

EDITOR'S TABLE.

The Medical Counsellor; or, Weekly Gazette of the Medical and Physical Sciences. R. Hills, M. D., Editor and Proprietor.

THE above is the title of a new candidate for professional favor. It is in octavo form of sixteen pages weekly, at the low price of \$2.00 per annum. The numbers received are very creditable in respect to both matter and appearance. It will require a large subscription list to be efficiently supported; yet, we hope the editor's most sanguine expectations will be realized. Numbers 1 and 5 have not come to hand. Please forward them.

The New York Dental Recorder, is the title of a spirited monthly, of 24 pages, edited by Charles W. Ballard, D. D. S. The present year ushers in vol. ix. Terms: \$2.00 per annum in advance.

Anniversary Discourse, before the N. Y. Academy of Medicine. Delivered in Clinton Hall, Nov. 22, 1854. By John H. Griscom, M. D. (Published by order of the Academy.) New York, R. Craighead, Printer, 1855.

The subject of this discourse, which we have read with great pleasure, is "*The Relation between the People and the Science of Medicine.*" Dr. Griscom discusses the subject in regard to its therapeutic or curative, and its prophylactic or preventive powers. Under the former head, he speaks of the modern improvements in medicine and surgery, and of the amount of gratuitous services rendered by the profession of the city of New York to the public, particularly in the great public charities of that city. That Wall and South Streets may be able to comprehend the amount of these services, the doctor puts them into the shape of a bill, as follows:—

Jan. 1, 1854.

<i>The People of the City of New York,</i>	<i>To the Medical Profession,</i>	<i>Dr.</i>
To Professional Services rendered in Public Institutions, and to the poor in private, during the year 1853		\$835,458
Cr. By cash and entertainment		27,112
	Balance,	\$808,846
To which we may add,	Payment not expected.	

After some well timed strictures on Quackery, the doctor proceeds to discuss the remaining proposition, viz: the prophylactic or preventive power of medical science; but we must defer further notice to a future occasion.

We find on our table this month, several monthlies, not of a professional character, which merit a passing notice.

Godey's Lady's Book, edited by Mrs. Sarah J. Hale and L. A. Godey, commenced its fiftieth volume with January, 1855. This work is a favorite wherever it is known, and is distinguished for the beauty of its plates. Its fashion and embroidery plates are particularly fine. The reading matter consists of well-written stories, historical sketches, &c., the work being well illustrated throughout. Terms: 1 copy, \$3; 2 copies, \$5; &c. Louis A. Godey, Philadelphia.

The American Cotton Planter; a Monthly Journal, devoted to improved plantation economy, manufactures, and the mechanic arts. Edited by N. B. Cloud, M. D. Terms: one dollar per annum, 32 pages royal octavo. Montgomery, Ala.

The Horticulturist, and Journal of Rural Art and Rural Taste. Edited by P. Barry. Terms: \$2 a year. Monthly: pp. 48. Published by James Vick, Jr., Rochester, N. Y.

The Maine Farmer. Weekly. Augusta, Me.

Many of our readers are amateur farmers and gardeners, as well as physicians. As such, the three works named above are deserving of their support. We are pleased with them all, and peruse them with much interest.

Graham's American Monthly Magazine. Published by Richard H. See & Co., 106 Chestnut St., Philadelphia.

The number before us begins the forty-sixth volume of this popular monthly. The engravings, and other illustrations, are of a superior character, and the contents varied and interesting. Graham and Godey have long been earnest, but we believe honorable competitors for the good will of the fair sex especially, in all parts of the United States; and we are happy to see that both succeed so well. We recommend our readers to compromise and take both. Terms: 1 copy, \$3; 2 copies, \$5, &c.

MISCELLANY.

WE have received the circular of the Trustees of the *Fiske Prize Fund*, of the Rhode Island Medical Society, which may be found on a subsequent page. In a note, one of the trustees informs us that, next year, the fund will warrant the offering of two premiums of \$100 each. We earnestly wish that our own society could offer premiums for essays, and in this way encourage original research.

BY a circular received from L. H. Anderson, M. D., of Sumterville, Ala., we perceive that he is earnestly engaged in collecting material for his report to the American Medical Association, on "*Typhoid Fever and its Complications in Alabama.*" From Dr. A.'s well known ability, an able report may be looked for.

A BILL before the N. Y. Legislature, requiring that the ingredients of all patent medicines be named in the label placed on the box or bottle in which the medicine may be inclosed, is, as might be expected, meeting with fierce opposition from those who are enriching themselves at the expense of the lives and health of the community. One of these gentry, by the name of Townsend, who is building a palace on Fifth Avenue, N. Y., recently opened it to visitors at 25 cents a head, *for the benefit of the poor*. One word we expect for the poor, and two for his peculiar institution!

THE Island of Jamaica is sadly destitute of an adequate supply of medical men. The government has recently awarded £1,000 to the physicians. Each parish needs at least three practitioners to supply the wants of the people in case of an epidemic. A population of 10,000 is mentioned, who have but one resident practitioner, contrasting greatly with the supply in this country. A correspondent at the south mentions one population of 8,000 inhabitants with *thirty* physicians, and another of 10,000 with *forty* physicians!

WE are sorry to see the names of a number of the physicians of Newark, in this State, appended to a petition to the State Legislature, praying that "lager beer" be exempted from the operation of a prohibitory liquor law. Their prayer is based on the excellence of this article as a tonic, and its being a "safe and wholesome" beverage for general use. Manufacturers and ven-

ders of lager beer, Scheidam Schnaaps, &c., are delighted in being able to parade the names of physicians before the public in recommendation of their traffic. If our State passes a prohibitory law, provision will undoubtedly be made for the supply of these, and all alcoholic poisons for medicinal purposes. The physician surely sees enough misery, degradation and sickness, in individuals and families, brought on by even the mildest of these "tonic" alcoholic beverages, without lending the influence of his name in support of the traffic.

WE cut from the *Middletown (Conn.) News*, a notice, emanating from the Conn. Central Medical Association, to the effect that they will, as a general rule, "consider a bill for medical attendance payable three months after the rendering of services, and present their accounts accordingly." We are glad to see this important reform spreading.

WE learn that a Medical College has finally been established at Atalanta, Geo., with a corps of eight professors. A correspondent writes, that he cannot conceive upon what they base their hope of success.

NECROLOGICAL RECORD.

- DIED.—In Newton, Sussex Co., N. J., Dec. 24, 1854, FRANCIS MORAN, M. D., æt. 61 years. A native of Ireland.
- At Hamilton, C. W., Sept. 16, 1854, CHARLES ENDERLIN, M. D., æt. 42. Dr. E. was a chemist of great distinction, and was engaged in scientific pursuits, when he was suddenly cut down in the midst of his usefulness. He was a native of Germany. At the time of his death, he was one of the Editors of the New York Journal of Pharmacy.
- In Boston, Mass., DR. Z. B. ADAMS, a prominent physician of that city.
- In N. Y., Jan. 20, of typhoid fever, JOHN W. FRANCIS, JUN., æt. 22, son of Dr. J. W. Francis. He was a medical student of great promise.

FISKE MEDICAL PRIZE QUESTION.

The Trustees of the Fiske Fund, at the annual meeting of the Rhode Island Medical Society, held at Providence, June 7, 1854, * * * * * proposed the following subjects for 1855 :—

1. Croup.

2. The Effect of Climate on Tuberculous Disease.

For the best dissertation on the first subject, the Trustees will pay fifty dollars, and on the second one hundred dollars.

Every competitor for a premium is expected to conform to the following regulations, viz :—

To forward to the Trustees, on or before the first day of May, 1855, free of all expense, a copy of his dissertation, with a motto written thereupon, and also accompanying a sealed packet, having the same motto inscribed upon the outside, and his name and place of residence within.

Previously to receiving the premium awarded, the author of the successful dissertation must transfer to the Trustees all his right, title, and interest in and to the same, for the use, benefit and behoof of the Fiske Fund.

Letters accompanying the unsuccessful dissertations will be destroyed by the Trustees, unopened, and the dissertations may be procured by their respective authors of the Trustees to whom they were directed, if application be made therefor within three months.

JOSEPH MAURAN, M. D., Providence,	} Trustees.
ARIEL BALLOU, M. D., Cumberland,	
HIRAM CLEVELAND, M. D., N. Providence,	
S. AUG. ARNOLD, M. D., Secretary.	

AMERICAN MEDICAL ASSOCIATION.

The eighth Annual Meeting of the American Medical Association will be held in the city of Philadelphia on Tuesday, May 1, 1855.

The Secretaries of all Societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*; and it is *earnestly* desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Article 2d of the Constitution :—

"Each local Society shall have the privilege of sending one delegate for every ten of its regular resident members, and one for every additional fraction of more than half this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"Delegates representing the medical staff of the United States Army and Navy shall be appointed by the Chiefs of Army and Navy Medical Bureaux.

"The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution at the meeting of the Association, held in New York in May, 1853.

FRANCIS WEST, M. D.,

One of the Secretaries, 352 Chestnut St., Philadelphia.

The medical press of the United States is respectfully requested to copy the above.

TRANSACTIONS

OF THE

MEDICAL SOCIETY OF NEW JERSEY.

MINUTES OF THE 89TH ANNUAL MEETING.

THE Eighty-ninth Annual Meeting of the Society was held at Trenton, January 23, 1855, at 7½ o'clock P. M.

The President called the Society to order.

Certificates of delegation were read and accepted; and the Society was organized with the following members:—

<i>President,</i>	A. B. DAYTON.
<i>First Vice-President,</i>	C. C. BLAUVELT.
<i>Second Vice-President,</i>	A. LINN.
<i>Third Vice-President,</i>	J. B. COLEMAN.
<i>Corresponding Secretary,</i>	S. W. BUTLER.
<i>Recording Secretary,</i>	W. PIERSON.
<i>Treasurer,</i>	J. S. ENGLISH.

Standing Committee.—I. S. MULFORD, B. HENDRY, and R. M. COOPER.

DELEGATES.

Essex.—E. D. G. Smith, C. Eyrich, A. N. Dougherty, and L. Elmer.

Passaic.—J. R. Riggs, and R. S. Whitely.

Morris.—J. B. Munn, J. W. Canfield, N. W. Condict, and R. W. Stevenson.

Warren.—P. F. Hulshizer.

Sussex.—J. Miller, T. Roe, J. S. Hunt, T. Ryerson, and J. R. Stuart.

Somerset.—S. K. Martin, L. H. Mosher, H. F. Vanderveer, and J. A. Gray.

Hunterdon.—A. S. Clark, W. S. Creveling, W. J. McKelway, J. F. Schenck, and J. Blane.

Mercer.—J. McKelway, E. I. Grant, W. W. L. Phillips, and T. J. Corson.

Burlington.—Z. Read, B. H. Stratton, F. Gauntt, and S. W. Butler.

Monmouth.—R. Laird, W. A. Newell, D. Polhemus, and W. H. Hubbard.

Gloucester.—J. R. Sickler, J. B. Ware, Graham, and J. C. Weatherby.

Camden.—J. V. Schenck, G. R. Bartholomew, R. C. Dean, and C. D. Hendry.

Cumberland.—N. R. Newkirk, W. S. Bowen, J. Ludlam, and W. Elmer.

Bergen.—A. Hopper, W. H. Day, and C. Hasbrouck.

FELLOWS PRESENT.

Doctors Munn, Schenck, Stratton, Read, Phillips, Chetwood, Pennington, R. S. Smith, Craig, and L. Condict.

The President addressed the Society upon "The Past and Present History of the Society, with special reference to Legislative Enactments."

The thanks of the Society were voted for the address, and a copy requested for publication.

On motion, *Resolved*, That a committee of three be appointed to confer with the Legislature on the practicability of a redelivery of the address before the members of that body in the State House to-morrow evening.

The following were appointed: Doctors Munn, Chetwood, and Coleman.

Resolved, That the members will dine, agreeably to the arrangements of the Committee, to-morrow at the ordinary dinner hour.

Society adjourned to 9 o'clock A. M. to-morrow.

Society convened at 9 o'clock, and was called to order by the President.

The roll was called, and absentees noticed.

The minutes of the preceding meeting were read and accepted.

The licentiates of the preceding year were reported.

The following committees were appointed, viz. :—

On Nominations.—Doctors Pennington, R. S. Whitely, J. B. Munn, P. F. Hulshizer, J. Miller, S. K. Martin, J. Blane, W. W. L. Phillips, Z. Read, R. Laird, J. R. Sickler, R. C. Dean, W. Elmer, and C. Hasbrouck.

On Treasurer's Accounts.—C. Hasbrouck, W. H. Hubbard, and P. F. Hulshizer.

On Unfinished Business.—J. R. Riggs, and T. Ryerson.

The Standing Committee, by their chairman, Dr. Mulford, made a report, which was read and accepted.

On motion of Dr. J. H. Phillips,

Resolved, That so much of the report of the Standing Committee as relates to the granting of a diploma by Dr. Lilly, late President of the Society, to Dr. John F. Schenck, of Hunterdon, be, and the same is hereby adopted, as the views of the Society on that subject, as being in accordance with settled and correct principles.

The Committee appointed in reference to the redelivery of the President's address, reported verbally that they had conferred with the Legislature and obtained consent for the use of the State House; whereupon it was

Resolved, That the Society will attend at the State House at 8 o'clock P. M., for the purposes above stated.

The Committee on Unfinished Business made a report, which was accepted.

The Society proceeded to act upon the charges of Mercer District Society against Jas. McClintock. The accused did not appear.

The Society, in accordance with the recommendation of the Standing Committee did, by ballot, decide unanimously to sustain the charges; and the license of the said McClintock was revoked, and his name ordered to be stricken from the record of licentiates.

The Committee on Treasurer's Accounts reported a balance in his hands of \$301 87½, and recommended withholding any distribution to the District Societies the present year; which report was accepted and adopted.

A communication from Dr. Butler, asking an additional appropriation for publishing the proceedings of the Society, was received and ordered to be laid upon the table.

The Special Committee on memorializing the Legislature reported, by their chairman, Dr. L. Condict.

On motion, *Resolved*, That the officers, fellows, and delegates present sign the same.

On motion, *Resolved*, That a committee of three be appointed to present the memorial to the Legislature; and that they, in connection with the medical gentlemen now members of the Legislature, be instructed to apply at the present session for a repeal of sections 2 and 3 of the supplement passed in 1851; and also, the repeal of the supplement passed in 1854, and such other amendments as they may deem expedient and necessary.

The following were appointed: Doctors Pennington, J. B. Coleman, and W. Pierson.

By a subsequent motion, Doctors J. McKelway and J. H. Phillips were added to the above committee.

On motion, *Resolved*, That Doctors L. Bauer, H. Lippincott, and W. E. Carr be invited to take seats during the session of the Society.

The Committee, consisting of Doctors Schenck, Munn, and Craig, Fellows of the Society, appointed to examine Dr. J. Blane, an applicant for the degree of M. D., reported in favor of the application.

Resolved, That the resolutions offered at the special meeting, and referred to in the report of the Committee on Unfinished Business, be postponed to the next meeting.

A report from Dr. L. A. Smith, delegate to the American Medical Association, was received and accepted.

The Secretary was instructed to acknowledge the receipt of a copy of Registration of Births, Marriages, and Deaths, from Theophilus Dunn, of Newport, Rhode Island.

On motion, *Resolved*, That an additional appropriation of \$35 be paid to Dr. Butler, editor of the *Medical Reporter*.

The following bills were ordered to be paid, viz:—

P. Kutzenbach's bill for dinners	\$39 00
Daily Advertiser	4 00
For use of Temperance Hall	5 00

Dr. E. D. G. Smith was appointed essayist.

The following were appointed Censors :—

Essex.—G. R. Chetwood, L. A. Smith, Marsh, and J. Nichols.

Morris.—J. B. Johnes, N. W. Condict, R. W. Stevenson, and H. P. Green.

Passaic.—L. Burr, R. Terhune, F. S. Weller, and A. W. Rogers.

Somerset.—F. S. Schenck, H. H. Vanderveer, P. D. McKissack, and S. K. Martin.

Bergen.—A. Hopper, W. H. Day, G. B. Brown, and D. Hasbrouck.

Burlington.—B. H. Stratton, Z. Read, I. P. Coleman, and S. Woolston.

Camden.—I. S. Mulford, C. D. Hendry, O. H. Taylor, and A. D. Woodruff.

Gloucester.—B. P. Howell, J. Fithian, C. Garrison, and J. R. Sickler.

Monmouth.—A. B. Dayton, W. L. Debow, R. W. Cook, and W. A. Newell.

Hunterdon.—A. S. Clark, W. S. Creveling, I. T. Cramer, and J. Blane.

Sussex.—A. Linn, J. L. Allen, A. D. Morford, and C. V. Moore.

Mercer.—J. McKelway, J. Woolverton, W. W. L. Phillips, and T. J. Corson.

Cumberland.—W. Elmer, G. Tomlinson, E. E. Bateman, and J. W. Ludlam.

The following were elected officers :—

<i>President,</i>	J. B. COLEMAN.
<i>First Vice-President,</i>	W. ELMER.
<i>Second Vice-President,</i>	R. M. COOPER.
<i>Third Vice-President,</i>	TH. RYERSON.
<i>Corresponding Secretary,</i>	S. W. BUTLER.
<i>Recording Secretary,</i>	W. PIERSON.
<i>Treasurer,</i>	J. S. ENGLISH.

Standing Committee.—J. BLANE, BYINGTON, and A. S. CLARK.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Z. Read, R. M. Cooper, B. H. Stratton, A. B. Dayton, S. H. Pennington, L. Condict, J. R. Riggs, J. McKelway, and J. B. Coleman.

Dr. Coleman, of the Scientific Committee, made a report on the subject of mercury.

The thanks of the Society were voted, and the Committee continued.

Resolved, That the next annual meeting be held at Trenton, at 7 o'clock P. M.

Committee of Arrangements were continued, and the thanks of the Society voted for their previous services.

Dr. Bauer, by request, made some remarks upon the principles and practice adopted in the Orthopædic Institution of Brooklyn, and invited the members to visit the Institution.

Society adjourned to hear the address of the President at the State House at 8 o'clock ; at the close of which the Society adjourned.

W. PIERSON,

Rec. Sec. of M. S. of N. Jersey.

ADDRESS OF THE PRESIDENT.

THE public invitation which this Society is pleased to give, and, as a consequence, the general or mixed character of the audience, almost entirely precludes the idea of making a subject strictly medical the basis of an address, such as a sense of duty, and duty alone, induces me to offer. But, at the same time that it shuts out the idea of a subject strictly connected with the science of medicine, it renders that which I have chosen, I trust, peculiarly appropriate. Perhaps no time could be more opportune for giving a brief history of the past and present relations of the Medical Society of the State of New Jersey to the State, more especially as regards legislative enactments, with such thoughts as may arise from this relation. If the time, the place, and the circumstances render the present most auspicious, there is another reason for believing it to be a most suitable occasion for the purpose indicated—viz: the fact that this Society has, within the past four years—more particularly the last year—been shorn of immunities and privileges long enjoyed, and the mutual relation between the Society and the State materially changed; and further, that the Legislature of this State, at its last session, and in the last days of the session—its expiring moments—passed a supplement to the medical law, believed by the profession to be, if not hostile to its interests, at least hostile to the interests of the public, and at the same time calculated to degrade the profession in the estimation of the world, so far as legislation is capable of doing it.

The past history of this Society is not contemporaneous with that of the State: it had an existence before the State itself. Our organization, in its incipency, commenced while we were still an infant colony—a dependency of Great Britain. This Society was organized by the voluntary association of fourteen physicians of East New Jersey, on the 23d of July, 1766, in New Brunswick, in obedience to a call emanating from physicians feeling at that early day a deep interest in the cause of humanity and medicine. This was the first regular meeting of a medical body, and this the first organized medical society, of which we have any knowledge, on this continent. Such is the proud, the enviable position which this Society sustains. The call, as published for this meeting, was in the following words: "A considerable number of the practitioners of physic and surgery in East New Jersey having agreed to form a society for their mutual improvement, the advancement of the profession, and the public good, and desirous of extending, as far as in their power, the usefulness of their scheme, and of cultivating the utmost harmony and friendship with their brethren, hereby invite and request gentlemen of the profession in the province, that may approve of their design, to

attend their first meeting, which will be held at Mr. Duff's, in the city of New Brunswick, on Wednesday, the 23d of July; at which time and place the constitution and regulations of the Society will be settled and subscribed." Dated, East New Jersey, June 27, 1766.

Mutual improvement, the advancement of the profession, and the public good were the motives that actuated those who originated this Society in 1766, motives in themselves most laudable—motives which still influence the heart and actions of all those who feel the responsibilities, or have a proper appreciation of their noble vocation. In passing, I would state that the Society thus constituted continued prosperous in all its relations; that it increased in numbers, by accessions from both East and West New Jersey, until it became, in the language of another, large and respectable. It was not only prosperous as regards numbers, but it was active and zealous in promoting the object for which it was formed—mutual improvement, the advancement of the profession, and the public good. But it is not my purpose to trace the history of the Society in detail, but rather its relation to the State, as connected with provincial or State legislation.

The first in this connection, a provincial act, was passed September 26, 1772, and was entitled "An act to regulate the practice of physic and surgery within the colony of New Jersey." Its object is set forth in its preamble, as follows: "Whereas many ignorant and unskilful persons in physic and surgery, to gain a subsistence, do take upon themselves to administer physic and practise surgery in the colony of New Jersey, to the endangering the lives and limbs of their patients, and many of His Majesty's subjects, who have been persuaded to become their patients, have been great sufferers thereby: for the prevention of such abuses for the future, Be it enacted," &c. This act provides for the licensing of those who should thereafter practise physic and surgery within the province, and it also adds a penalty for the violation of the same. From the passage of this act, the Society continued its meetings regularly till November, 1775; but from this date to the 7th of May, 1782, there was no convening of its members. From its organization to the commencement of the war of the Revolution, this Society had not only an existence, but labored zealously for the cause of medical science in all its interests. But, with the opening of the war, new scenes and new fields of labor were opened, other claims upon the time and talent of the profession were made apparent, and those duties which they owed to the profession of their choice were in some measure absorbed by that patriotic feeling and those all-absorbing duties which they owed to their country. Consequently, during the continuance of this struggle, the meetings of the Society were discontinued, and its members dispersed. May I not with propriety ask, whether, when their country called, the ranks of the medical profession were a whit behind any other in their self-devotion or self-sacrifice? Let history alone answer. Soon after the termination of this seven years' conflict, the members of the profession, a little band, again assembled, collecting the remnants of their scattered force to reorganize this Society. When the foe from without had been subdued and driven from our borders, they returned to the war which we still wage against death and disease.

After their reorganization, one of their first acts was the laying the

results or fruits of their labor before the Legislature of the State (no longer a province), and that Legislature passed a law to regulate the practice of physic and surgery within the State, the 26th of November, 1783. This act provided for the mode of examination of candidates for license, and its preamble and penal enactments were similar to those of the act of 1772. The next, an "Act of incorporation of the Medical Society of New Jersey," was passed the 2d of June, 1790.

Its preamble declared that it was for the better carrying into effect the literary and scientific objects of the Society. Under this act, the Society continued its meetings until November 3, 1795, when another suspension occurred until the 23d of June, 1807, a period of nearly twelve years. The cause of this discontinuance of its meetings is stated in a paper, read by Dr. Munn, a venerable Fellow of this Society, in 1848, to which I am indebted for much of my information in this matter, to have been, as it was said, "the small number of the attending members becoming at this period reduced by age, infirmity, death, removal, and otherwise, so that a quorum, according to the terms of their charter, could not be obtained to meet and organize for business." The cause assigned may have been true; but where, let me ask, were the younger members of the profession, who were rising up to fill the places of those that were failing and falling around them? This appears to have been the first manifestation, by members of the profession, of a want of proper interest in the cause of medical science. After this lamentable defection, this failure to meet the claims of the public arising from legislative encouragement, by a circular invitation, a small number, one of whom was the gentleman of whom I have just spoken, again assembled on the day referred to, and informally, or illegally (if I may so speak), became members of this Society. The same year, an act was passed by the Legislature, legalizing this informal proceeding. The Society, thus revived, was prosperous till the expiration of its charter in 1816, when another act of incorporation was passed, under the name of "The Medical Society of the State of New Jersey," to expire in the same length of time as the previous act—twenty-five years, if not sooner modified or repealed. A supplement to this act was passed in 1818; a further supplement to the same in 1823; and a further supplement in 1825. As there was nothing of special interest in the supplements, we merely refer to them. The act of incorporation by which this Society exists at this time, was passed in 1830. A supplement to this act was passed in 1850, to authorize the establishment of a fund for the support of widows and orphans of deceased physicians. A further supplement to the same was passed March, 1851. This act changed the time and place of holding the meetings of the Society, authorized the Society to dispense with its semi-annual meeting, besides making other important alterations.

But the alteration more especially demanding our notice, was that making five colleges, the College of Physicians and Surgeons of the city of New York, the Medical Department of the University of the city of New York, the Medical Department of the University of Pennsylvania, Jefferson Medical College, and the Medical Department of Pennsylvania College in the city of Philadelphia, the recipients of favor not extended to other colleges, by authorizing and empowering the President of this Society, without a previous examination by a board of cen-

sors, to grant a license to practise physic and surgery in this State to graduates of either of the colleges named. This modification being the most important, and the objectionable feature in the supplement, it will be more particularly referred to hereafter. A further supplement to the same act was passed March 17, 1854. This supplement is not chargeable with favoritism like the previous one; it abrogates that feature by throwing open the door to graduates of all colleges, requiring a certain curriculum of study, but renders the act itself none the less objectionable.

The feature in the several laws passed to promote the public good—the protection of society from the impositions of pretenders to the healing art, and the advancement of medical science—to which I would, in an especial manner beg your attention, was embraced in each, except the Provincial Act, which contained a provision nearly equivalent to it—was this, that the authority to grant licenses to practise physic and surgery in this State was vested in this Society. With this Society was deposited the keys of admission to the ranks of the profession; through its members it was recognized as the guardian and conservator of the public health; censors appointed by this Society were made the judges of the qualifications, the competency, or incompetency of all those wishing to practise in this State—this noble, and I may add, recondite art. This responsibility was always looked upon by this Society as a most serious one, it always felt that vital interests depended upon its action, or the manner in which it performed this duty. That this trust was unfaithfully or heedlessly executed, that due care was not exercised in its functions, no one has pretended to intimate; that the people, through the instrumentality of this Society, have been provided with as intelligent, as scientific a body of physicians; as safe, and skilful practitioners of medicine, and surgery, as any other State in the Union; a medical corps as conscientious, judicious, careful of the lives and health of its citizens; and, at the same time, as contemplated by law, untainted by empiricism or quackery, is, I believe, generally acknowledged.

But that these acts were passed for the protection or benefit of members of the medical profession, or, in other words, creating a monopoly in medicine, as has been asserted, we utterly deny. They bear no such construction—their very words disown such an intent. So far as the moral effect of the law extends, by its testimony in favor, and its implied approbation of legitimate and scientific medicine, the profession has the benefit of it. But that any one of the laws was passed to promote its interests, rather than the interests of the public, is not true. The interest of the profession is incidental and secondary to that of the public. Notwithstanding, it may be safely said, that the interests of the two are so identified that the one cannot be advanced without contributing to the advancement of the other. The laws regulating the practise of physic and surgery were no more made for the benefit of medical practitioners than laws in relation to school funds or public schools are made for the benefit of teachers. But, at the same time, this monopoly sentiment has been most industriously disseminated by a few wishing to throw odium and obloquy upon the profession, by those wishing to accomplish some sinister end, or build up some favorite system, by making ours a selfish and narrow-minded, rather than a liberal, benevolent, and philanthropic profession. How far they have succeeded,

let the supplement of 1851, but more especially that of 1854, answer. The cry of monopoly in medicine, misrepresentation and misconstruction of the law, have accomplished all that the opponents of the regular practice could desire, and all that the friends of charlatany and incompetency asked for.

Before commenting upon the supplements of 1851 and 1854, permit me to offer a few suggestions upon one or two subjects indirectly connected with the main object.

First, I would say that, when any considerable proportion of a community or people are liable, from ignorance that is unavoidable, to be imposed upon by the designing, the knavish, the ignorant, the impudent, or all combined, it is the province of wise legislation to throw around such the protection of law, so far as the law may be made available, or operative. This principle is acknowledged in other and less important matters—and why, if correct in minor affairs, should it not be carried out and enforced in the greater—that which pertains to life and health. It has been pertinently said, that the qualifications of a physician can only be judged of by a physician. The facts, opinions, and principles of our science are so numerous and diversified, and so beyond the sphere of common observation, that this inability, this ignorance with the mass, is unavoidable. To protect, in some good degree, their subjects from the consequences of such ignorance, has heretofore been the policy of wise governments—a policy, I fear, most lamentably neglected in these latter days of progress and reform. Probably in no other case are the incongruities of legislation more manifest than in this particular. In the language of Dr. Alonzo Clark, of New York, “while government carefully protects the people against their own ignorance by proving and stamping every pennyweight of gold, and every pennyweight of copper, that is put in circulation as money, and with earnest severity punishes every counterfeiter who cheats us of a single dollar, it refuses its sanction to those who offer to judge for that same people, of all that relates to the deep mysteries of life and disease; it has no punishment, no reproof even, for the counterfeit physician who cheats us of our lives. Again, it inspects drugs and medicines, destroying all that are not of standard purity, and yet it cares nothing who uses them. Thus the government officer is made to sharpen the sword and throw it into the circle, indifferent as to whether it falls into the hands of the trained or tried soldier, or into those of the highwayman.” Some one may reply, surely this never was so; no acts were ever passed intended to withdraw such necessary safeguards. We have reason to believe that these acts were never so intended, or they would never have met with favor from honest and reflecting men. We would further say that such an intent is not apparent upon their face, that in them the people have the form of protection without the substance, the shadow without the reality.

But again, we deprecate the passage and effect of these laws, because they tend to disparage effort to elevate the standard of medical education, and to defeat the object and aim of the American Medical Association. It is most probably well known to all present (of course to my professional brethren), that, some eight years since, an American medical association was instituted. This association is composed of physicians the most experienced and intelligent from every section of our wide domain. Its in-

stitution constitutes a new epoch; it is the commencement of a new era in medicine and medical progress. One of the most prominent objects of this association, as evinced by its proceedings, has been the elevation of this standard, and, at the same time, the elevation of the standard of education preliminary to medical study. This subject has engrossed much of the time and talent of this body; great good has already resulted from these efforts, and a determination has been manifested to go forward till this noble purpose is consummated. The difficulty of agreeing upon the mode of carrying out the work has been the great obstacle to immediate and more decisive action. But the great majority of the profession are doubtless agreed upon the mode in one essential particular, viz: the necessity for the separation of the department for teaching from that power which grants diplomas or licenses. This is believed to be a prerequisite, a *sine qua non*, in forwarding this important object. It is generally understood that the great difficulty in this matter has arisen from the preponderating influence of teachers or professors in the Association having a personal and pecuniary interest in sustaining the present system. But this influence must and will yield to the widespread, I may call it popular, sentiment upon this subject. Then, we may safely say, that greater good, more lasting benefits, will flow from this effort. It will be remembered, at least by physicians who hear me, that, when this matter of separation of the powers alluded to was under discussion by this American Association, one of the delegates from this Society stated that this separation already existed by law in our own State; that that, which the profession believed to be essential to the public welfare, already had the sanction of legislative authority with us. But that fact, which even could come before the great body of American physicians at that time, and be referred to with pride, no longer exists, and we are compelled now to refer to the same with shame and confusion. That portion of the act of 1851, granting special favor to five colleges, and the supplement of 1854, have entirely changed this important principle of the law. The power of licensing those who should practise physic and surgery in this State, which had been vested for nearly one hundred years, and been sanctioned for the same length of time by the legislature and the people, in a body separate and distinct from the teaching power, has virtually been abrogated, and placed in the hands of the colleges or teachers. This we believe to be wrong in principle, and wrong in practice, and if not prejudicial to the professional, most assuredly is to the public interest. In other words, the law has wrested the power of licensing from a disinterested body, where the profession believe it should belong, and where it has been the aim of the American Medical Association to place it, and vested it in those engaged in teaching, where the profession believe it should not belong, and from whom it has been the aim of this Association, independent of the teachers, to separate it.

May we not safely assert, then, that this is a retrograde movement as it relates to medical education and scientific progress; that it defeats, in a measure, the purposes of the profession to elevate the standard of medical attainments in that very particular considered most essential, and that it is also calculated to thwart any future action of the American Medical Association towards bringing about this desired and needful reform?

But again, the regular medical profession have claims upon the public. It is to this profession that the world is indebted for all that is truly valuable in medicine, and much that is valuable in kindred sciences and arts. Within the last century, and within the last fifty years, the average period of human life has been materially lengthened beyond its duration in former periods. The mortality of disease has diminished in a corresponding ratio. The increase in the length of human life has kept pace with the improvements in medical science and the diffusion of medical knowledge. It would be an easy task, if called for, to substantiate this assertion by statistics, both of this country and Europe. But, that every advancement, and every discovery, either in anatomy, physiology, surgery, therapeutics, or medicine, in any of its branches, is due to the labors and investigation of those who have been engaged in this broad field of research, is unquestionable. It is not my intention to particularize these discoveries or these principles, and, as a sequence, the special progress made in this science. The increased duration of life, and the diminished mortality of disease, are sufficient evidence of the fact.

But I may add, that perhaps in no department of medicine has progress been more marked, and the profession received less credit for it, than that termed *hygiene*, the object of which is the preservation of health and life. All hygienic law, rules, or regulations, are most certainly "based upon principles elaborated and expounded by the medical profession." All sanitary law, and all requirements which are adopted to promote not merely individual health and happiness, but all sanitary law, and all laws connected with sanitary reform, intended to promote the health of communities, of States, and of nations, are established upon the same general principles, emanating from and due to the talent and industry of this same medical body. If a sanitary or quarantine law be passed by a legislature, it is, perhaps, attributed alone to the wisdom and intelligence of that honorable body, when, if the matter were traced to its source, it would be found to have been either directly the result of efforts of physicians, or indirectly of those principles of hygiene which have resulted from their labors. These principles are diffused so imperceptibly, and so unobtrusively, that few look further than to their fruits. As life-giving or healing waters come gushing from hidden springs, so do these principles and these benefits flow from their source so silently and so naturally that the attention of the unobserving is scarcely attracted to their origin.

Who of you, gentlemen, if desirous of informing himself upon a subject relating to the public health, would apply to an adherent of any sect or ism, based upon some dogma or Utopian idea? Not one of you. It matters not how firmly you may be rooted in some new faith, or how bitterly opposed in feeling and judgment to the old, you would still rely upon the opinions and principles of those who take a more comprehensive view of the whole subject. May I not then ask, has not the medical profession claims upon the public, and also upon State authority? Has not that science which affects health and life both an individual and a public interest? Have the State or its representatives, then, no duty to perform towards that profession; have they no encouragement to give, no testimony to offer in favor of medical science

or progressive art? If none, then have our legislators acted wisely in withdrawing that support which for nearly a century they had vouchsafed; then have they acted wisely in opening wide the door of admission to the ranks of the profession to all, or to those whose chief merit may be that they have paid, or promised to pay, their way through a medical college.

To adduce specialties to prove that so much is due to medical science is, I presume, unnecessary. None will pretend to deny it, save the small body of those, who, having forsaken the old and tried paths, have adopted some *pathy* or *ism* as a "new and wonderful discovery." These discoveries are by no means rare; they spring up around us in a night; but if we were to decide from the dicta or testimony of those attached to each, one only or each of the vast number would suffice for the cure of all "the ills that flesh is heir to." The light of one such discovery is dimmed and lost in the effulgence or glare of that which succeeds it. From the ashes of one, phoenix-like, another and another will spring into existence, each striving for the ascendancy, but at the same time united in a crusade against that system which it has been the work of ages to build up, and of those principles and that practice which has been established by experience and proved by time. That *pathy* after *pathy*, and *ism* after *ism*, have been galvanized into life upon some bare assumption among those not belonging to the regular medical profession, we admit. Ignis fatuus-like, for a time they allure and deceive, but, generated from the bog of credulity and ignorance, like their great prototype, they disappear before the brighter and better light of scientific research.

We say that these self-styled discoveries contribute nothing, or but little to the general fund of knowledge; that they do not advance the science of medicine, or the interests of humanity; that they subserve little or no good purpose on the animal, political, or moral economy, unless it be in their death. As noxious weeds in their growth are an injury to, and deprive the ground that sustains them, of constituents valuable for other and better purposes, in their death and decay they may help to enrich, in some small measure, the soil which they have robbed. That such should claim to be discoveries, for which the human race should raise their pæans of gratitude and thanksgiving, is "strange, passing strange."

Dr. Stevens, of New York, in an able address upon "A Plea of Humanity in behalf of Medical Education," says: "That no discoveries of value have ever resulted from charlatanism. The whole history of quackery is the history of men who have gained notoriety and riches, and then, with their medicines, sunk into oblivion. Humanity owes them nothing but abhorrent recollections of their vile deceptions." But to medical science it is indebted for that which is substantial, lasting, and truly beneficial; for that which has and will stand the test of time, experience, and argument; for that which prejudice and selfishness may cavil at, but cannot controvert.

We, moreover, believe that neither honesty nor good faith is blended with the practice of the majority of these *pathies* or *isms*, but that gain is their prominent object. I will refer more particularly to Homœopathy as a specimen of the genus, the more fashionable and prevalent of the day, and, perhaps, the only one enjoying the confidence of the public to

an extent worthy of notice. I shall not attempt a refutation, or to prove the utter absurdity of the principle upon which it assumes to be founded; this has been done so effectually and so frequently as to be uncalled for; but merely express an opinion as to the practice, which I would not venture to do if not satisfied that the profession would entirely coincide with me. I have no disposition to be uncharitable or to give offence, by expressing an opinion offensive to the feelings of one who may be honest in his convictions. Still, entertaining an opinion, and believing it to be entertained by the profession, I must be permitted to give it with all deference to those who may in sincerity differ from me; to wit: That a majority of those who practise, or pretend to practise this system, do it not from a conscientious conviction of its utility; and, further, that without such conviction the practice becomes nothing better than a trade or traffic, for the sake of gain, in human health and life. In confirmation of this opinion, I have no doubt that every physician practising in the vicinity of a homœopath could cite cases almost *ad infinitum*. These instances are so common and so well known to the profession as no longer to excite surprise. And if this opinion be true, if a class of men convert an honorable profession into a trade or traffic in life and health, with what feelings should we speak of them, what words would be too harsh to characterize such baseness and deception?

But, at the same time that we feel constrained to speak of a sect, among whom, we trust, there may be some self-deceived, both honest and conscientious, we fear there may be some, we hope but few, connected with the regular profession who are but little or nothing better. They are those, who, without liberal or high-minded views of their calling, without a proper appreciation of their heaven-born vocation, pursue it for the sake of the dollars and cents, and thereby convert it into a trade or traffic. It is to such, we believe, that empiricism, in a great measure, owes its existence. As the whole physical body suffers from a cancer, or malignant fungus of the surface, so does the whole medical body suffer from the contamination of those who use their noble calling for no better purpose. It is by educating the profession, by elevating its standard, that this evil is to be eradicated.

Legislators can do much toward preventing the impositions of the ignorant and knavish, and they can also do much toward ridding the medical body of its vile attachments. May they exert that influence to some wise and good end!

As I have before intimated, prior to the winter of 1851, this Society was recognized by the statutes of New Jersey as the only medium through which a license to practise physic and surgery in this State could be obtained. The candidate was duly examined by censors appointed for that purpose, and their certificate entitled him to a diploma from the President of this Society. It was the modification of this provision of the law that this Society and the profession were disposed to complain of as inimical to personal, public, and professional interests. By the alteration of this law, the President was authorized and required to grant a diploma or license upon the evidence of the person applying being a graduate of either of five colleges, two of which were located in New York, and three in Philadelphia. This act abrogated the powers, and imposed a duty upon this Society, so far as to place it in a false position; it laid it liable to

the charge of favoritism or partiality. Such was the appearance, and such the practical operation of the law. Applicants coming from any other part of the United States, graduates of any other colleges than those named, were obliged to submit to an examination as heretofore, and pay the sum of fifteen dollars for a diploma; whilst those presenting a diploma from either of said five colleges, were relieved of the necessity of an examination, and subjected to the payment of only five dollars. Holding out a reward to all those who should favor, or be favored by said colleges, and a penalty for all those who should feel constrained, by circumstances or opinion, to become the pupils and graduates of any other institution. A plain statement of the change in the law is sufficient to carry with it its own condemnation. It was embarrassing and inimical to the interests of this Society, because it was calculated to distract that harmony, that unity of action, which should mark the progress of a truly liberal and enlightened profession.

We have not aught to say in disparagement of the colleges alluded to, as they were among the oldest and most reputable, and, had it been possible to have made a law of the kind both equal and just, perhaps none could have been selected better entitled to the distinction. But I much doubt whether these colleges would ever have claimed or asked such a distinction. That there were no other colleges entitled to our confidence, is an aspersion upon the standing of other institutions, which, I presume, neither the representatives of the State nor this Society were disposed to cast. This act was the first passed tending to thwart this Society and the profession in their aims and purposes; the first to change the relative position of this Society to the State. From the earliest annals of our history, this licensing power had been vested in a disinterested medical body; and it was only after the lapse of nearly a century that the legislature, in its wisdom, saw fit to pass a law so modified as to be manifestly objectionable, because manifestly and practically unjust.

At a time like the present, when the legislators of the State are relaxing their requirements, and repudiating everything like protection against ignorance or pretension, by admitting the bare possession of a diploma from a medical college as sufficient evidence of qualification, it may be well to ask, what the Government of the United States has done for the protection of that portion of our citizens, more especially with its supervision and care?

"An Act to regulate the Medical Establishment of the United States," passed provides: "That the physician-general, or, in his absence, the senior medical officer, with the approbation of the commander-in-chief, or commanding officer of a separate army, may call a medical board, to consist of the three senior medical officers there present, to examine all candidates for employment, or promotion in the hospital department, and certify to the Secretary of War the qualifications of each." Such is the law as regards the army.

"An Act for the better organization of the Navy of the United States," passed May 20, 1820, provides: "No person to receive appointment of assistant surgeon in the Navy, unless he shall have been examined and approved by a board of naval surgeons, designated for that purpose by the Secretary of the Navy Department. And no per-

son shall receive the appointment of surgeon until he shall have served as assistant surgeon at least two years on a public vessel of the United States at sea, and have been examined and approved by a board of surgeons as aforesaid. And this last examination can be had, only, after five years' service as assistant surgeon."

The contrast in the policy pursued by the legislators of our own State, and those of the United States, is most obvious. The State modifies or repeals its laws so far as virtually to abrogate all safeguards, opens wide the door, and invites all to enter, upon the mere recommendation of teachers personally and pecuniarily interested. The United States maintains its restrictive laws, and closes the same door, denying that this recommendation is sufficient evidence of qualification. The diploma which the supplement of 1851 and 1854 views so favorably, and which is made by each sufficient proof of competency to practise physic and surgery in this State, is adjudged by the laws of the United States as entitled to little consideration, and insufficient evidence that the person named in said diploma is competent to enter into its service, either in the Army or the Navy.

The United States Government more carefully provides against ignorance for those in its employ than do the legislators of our State for the people whose interests they represent. The State relaxes its requirements, and casts off its restraints; the United States maintains its restrictions and its stringency. We leave it with you to decide, which of the two is to be most commended for its prudence and its wisdom. But again, as an illustration, the members of the clerical profession, as a general thing, pursue their studies with one class of men, while they are admitted to the discharge of their duties in the pulpit only after examination by another and distinct body. The student from the law office, or law school, is never admitted to practise simply on the certificate of him or them with whom he has completed his studies; but only after a regular examination by persons appointed for the purpose, and in the presence of the Justices of our Supreme Court. How much more important that in the science of medicine, which looks to health and life, and in reference to which the public are more subject to imposition, that some guard should exist other than the certificate or diploma from the instructor himself.

Let us now briefly examine the supplement to the medical law passed by the last Legislature, which, with its preamble, reads as follows: "Whereas certain practitioners of physic and surgery in this State labor under certain disabilities in the practice of their profession, owing to existing laws by which they are unable to collect their dues, and are liable to pains and penalties in the pursuit of their profession, therefore, Be it enacted, by the Senate and General Assembly of the State of New Jersey, That it shall be lawful for all persons, of good moral character, who have diplomas from any medical college, or medical department of any University of any State of the United States, which, before conferring diplomas, require those upon whom they are conferred to be twenty-one years of age, to have studied physic and surgery three full years with a respectable and lawful practitioner of medicine, including two full courses of lectures of not less than twelve weeks each, in which shall be taught the principles of *materia medica*, pharmacy, chemistry,

anatomy, physiology, and the practice of physic, surgery, and midwifery, to practise physic and surgery in this State, after depositing a copy of such diploma translated into the English language, or other evidence of graduation, with the clerk of the county in which such practitioner may reside; and until such copy shall be so deposited, those practitioners who shall neglect the same shall be liable to the penalty of the act to which this is a supplement. And it shall be the duty of said clerk to file such copy in his office, for each of which he shall receive the sum of twelve, and a half cents, and no more, from the practitioner who may deposit the same.

"2. Be it enacted: That all acts, or parts of acts, conflicting with the provisions of this act, be and the same are hereby repealed."

Approved March 17, 1854.

This preamble sets forth that: Whereas certain practitioners of physic and surgery labor under certain disabilities, &c., be it enacted— This, I apprehend, is the first act ever passed by the Legislature of this State for the special accommodation, for the special benefit of practitioners of medicine. This is a perfect anomaly in the legislative history of New Jersey. We will yield to it a pre-eminence not asked for by any other act in pliancy or subserviency to the wants and wishes of the few. Does it intimate that the public or the public good demanded its enactment? Not a word like it. But the preamble most honestly and truthfully tells its own story. Take the preamble as the exponent of the supplement, we have no reason to suppose that it was ever intended to promote the public interests, or that the public ever called for, or asked its passage. The question very naturally arises as to whether the existing law was prejudicial to the welfare or general prosperity of the people of the State. If such were its operation, then its amendment was demanded; but not, we believe, as amended by this supplement. That the then existing law was grievous to the people, that the people felt that there was a necessity for its change, we have no reason to believe; for the applicants for its adoption make no such pretension. If they believed that the public health or interest suffered from the existing law, is it not to be presumed that they would have assigned that as the ground of application, rather than that "whereas, certain practitioners labor under certain disabilities," &c.? But what were the disabilities of which they complain, and which are given as a reason for its passage?—"that they are unable to collect their dues, and are liable to pains and penalties;" precisely the same disabilities which those still labor under who do not conform to the provisions of this supplement itself. But these honorable gentlemen labored under no disabilities save that they were required to be examined by a disinterested board of censors before they were authorized to practise. Just such a requirement as the profession, not merely of this State, but of the Union, believe best calculated to supply the State or States with competent physicians; the very law or policy which the American Medical Association, by its action, has indicated as essential to the accomplishment of its great leading object, the elevation of the standard of medical education; and just such a law as the United States Government deems necessary to meet the wants and necessities of her army and navy. Should this disability, arising from a non-conformity to a necessary, a

salutary law, be assigned as a reason, and considered good ground for the passage of a supplement repealing this law? If so, certainly some laws stand upon a sandy foundation.

But gentlemen of the regular profession, at least, should not complain of this disability; for, if competent for the performance of its duties, they would not fear to have that competency tested by an examination, and vouched for by a board appointed for the purpose. There is no pretence that such a board has ever been too exacting or too stringent, and the argument of disability is therefore presumptive proof of incompetency. I would respectfully ask whether a modification of the law was called for to meet such cases. All that we have previously said with regard to the teaching and the licensing power, the necessity for their separation, or the inconsistency of their union, applies with equal or tenfold force to this supplement, for this makes teachers, as respects their pupils or graduates, the sole depositories of the licensing power.

We object to this supplement because it tends directly to lower the standard of medical education, and contravenes the efforts of the profession to elevate this standard. No lengthened argument will be necessary to establish this point; a bare statement of facts will be sufficient. This supplement requires two courses of lectures, of only *twelve* weeks each, previous to graduation or receiving a diploma; whereas every medical college in good standing, and the medical department of every reputable university, so far as I am acquainted, require an attendance upon two full courses of lectures, of not less than *sixteen* weeks, previous to granting a diploma. In addition to this fact, the American Medical Association, satisfied that the time of four months, or sixteen weeks, generally adopted, is insufficient, have recommended the extension of this term. Some colleges have promptly responded to this recommendation, and extended their sessions to five, and, if I mistake not, some to six months.

The association of American physicians believed that the term of sixteen weeks was too short; and the Legislature, in its wisdom, believed, or presumed, that it was too long, and therefore reduced it to twelve weeks. The inference is most palpable, that as this supplement requires less time and less study, it also requires less proficiency and less knowledge. Is it not self-evident, then, that the law most plainly tends to lower the standard of medical education—and, in the same measure, to lower the character, the dignity, and the usefulness of the medical profession?

But, as I have before asserted, I believe that, in part at least, the true object of this supplement is concealed; that, whilst it appears to favor what may be considered by some a reasonable course of medical study, it is understood by the initiated to virtually legalize the various systems of practice extant, and such as may hereafter ooze from the brains of some visionary theorist. It is so framed as to be most specious and deceptive. The patrons of hydropathy, homœopathy, electro-magnetism, clairvoyance, chrono-thermalism, the self-styled eclectic, the root and herb devotee, the admirers of Brandreth, Wright, *et id omne genus*, could cordially give it their united support, because, if for no other reason, it aimed a blow at the regular profession. But we are told that this is provided against by the supplement itself; that it requires a study of three

years, and two courses of lectures. This is all plausible; but experience, confirmed by the opinion of the profession, by that of the American Medical Association, and by the authorities of our national government, has proved that it is an insufficient security against ignorance and imposition. The multiplicity of colleges—and many of them of little or no repute; the facility with which charters for colleges may be obtained, and diplomas from these colleges; and the perfect ease with which the provisions of this supplement may be evaded—render it nearly totally inoperative as respects the protection which the necessities of the people demand.

If it were the intention of this supplement to aim a blow at the regular profession—to degrade it, and sink it into that contempt which the mass of the people entertain for quackery—or to extend the privileges or elevate the different systems of empiricism, why not come out boldly and avow it? Why, under cover of specious ends and false pretexts, essay that which, if openly expressed, could never have been consummated?

Although we object mainly to this supplement because its policy—the union of the teaching and licensing power—and its principle are wrong, we also object to the manner, the circumstances, and the time of its passage; that there was no expression of public opinion to warrant it; and, further, that a fair expression of that opinion would have been decidedly adverse to its passage. We believe that the time was not propitious for that deliberation which its importance called for, and, further, that it was a subject upon which the medical profession should have had an opportunity of being heard, previous to final action; all of which was denied by the time, the hurry, and the circumstances in which it was pushed through the Legislature, in the last hours of its session. Gentlemen, we will not, we cannot believe that any such injustice to the public or the profession was ever intended. We believe better things of our law-makers.

And, gentlemen of the Legislature, we trust that you have so considered your relations to the great medical body, and their relations to the public, of which you are the representatives, that you will never be tacitly instrumental in perpetuating that wrong, that injury, which the supplement of 1851 commenced, and that of 1854 consummated. We ask only an honest, a candid review of this whole subject. If, after such a review, you come to the conclusion that the interests of your constituents and humanity are better provided for by existing than by former laws; that the colleges or teachers—those who have a personal and pecuniary interest in the number of diplomas they may grant—are better fitted to decide upon the merits and qualifications of candidates than the Medical Society of New Jersey, or some board appointed by the Legislature itself, having no rewards or emoluments; if you believe that the profession is mistaken in its judgment of this matter, that the National Medical Association have erred in their efforts to thus elevate the standard of medical education, and that our national government is too exacting when it disregards or places its estimate upon the diploma of a college, this Society, and the profession, as loyal subjects “to the powers that be,” will respond Amen; but not without entering a solemn protest, not without remonstrating most earnestly, but respectfully, against it, as

injudicious and ultimately prejudicial to the public, as tending to cripple the energies of the profession, to degrade its character, and impair its usefulness.

But our motives may be impugned—we may be accused of acting from selfishness or sordidness. Permit me to say that we have no more fear of the triumph or success of empiricism, in any of its forms, than we have of falsehood triumphing over truth. Yet there may be those, incapable themselves of other emotions, who cannot appreciate disinterestedness, or separate self-interest from earnest action. We claim to act from higher and loftier sentiments, nowise akin to base incentives. The honor and dignity of the profession we cherish, the advancement of our science in all that is useful, we ardently desire. Independent of these feelings as physicians, we believe the honor and dignity of the profession, and the improvement of the science, essential to life and health. That legislation can materially affect the business of those now engaged in the duties of their calling, is preposterous; the business of such is comparatively beyond its reach. But to the future we look; we are anxious that our children, and your children, and their children's children may have the benefit and counsel of an educated, an intelligent medical corps; we are desirous that that science which has been maturing for centuries—that that art which has been, slowly perhaps, but surely, progressing—shall not be arrested in its onward and upward tendency by injudicious legislation or a blind adherence to some theory or hypothesis void of good fruit.

We come not before you, gentlemen, as suppliants for personal or professional favor, as did the supplement to which we have referred; we ask nothing at your hands that will not subserve the interests of your constituents and the world. Let this be accomplished, and you will fulfil the wishes of the people, the Medical Society, and the profession.

In conclusion, I would present the thanks of the Society, and my own, to the audience, for their kind attention, and add one word to my medical brethren. We have a duty to perform, independent of others. Our profession, meanly pursued, sinks beneath a mechanic art; but prosecuted in a liberal spirit, with an eye steady to every light which science sheds upon our path, it is a noble calling, calculated to enlarge the intellect and enrich the heart. Let us remember this; and, whatever others may do or not do—whether the law be with us or against us—let us in all time be true to the public and just to ourselves.

REPORT OF THE STANDING COMMITTEE.

THE Standing Committee feel much regret that the oft-repeated complaint of a want of material for a proper and full report must again be brought forward. On the present occasion, indeed, the deficiency is even greater than in former years. Not one single communication has been received from the district reporters. Direct applications, too, which were made in other quarters, met with no attention whatever, except in one or two instances. Such matter, however, as they have been able to obtain from different sources, or gather within the range of their own experience, will be given by the Committee as fully and clearly as they may be able.

In regard to "the state of health of the citizens of New Jersey, during the year," it is not believed that an entirely favorable report can justly be made. During a great portion of the year, the number of the sick was not greater, it may even have been less, than is usual; but a fatal epidemic which prevailed in the remaining period added much to the amount of disease and to the sum of mortality. In the early months, during the continuance of the cool season, a good degree of health appears to have been generally enjoyed. The diseases proper to that period were not absent, yet they were comparatively favorable, both as regards the number and the character of the cases. Pectoral affections, and other inflammatory disorders, were rather less frequent in their occurrence than usual. Nor were eruptive diseases very generally prevalent. Smallpox has not been met with, either in that or any part of the year, except in a few sporadic cases; and the same may be said of the kindred affections, varioloid and varicella. Measles occurred in different localities, and in some instances the disease prevailed as an epidemic; but it was generally mild, having none of the malignant characters which it presented a few years ago. In one vicinity only, so far as is known, was the disease at all severe; in the neighborhood of Haddonfield, Camden County, it is stated by Dr. Woodruff, that "there was an unusually extensive epidemic of measles, which was followed in several cases with violent broncho-pneumonia, in which, after the acute inflammatory symptoms were subdued by antiphlogistics, the syrup of seneka produced the most satisfactory results." Scarlatina has but rarely appeared during the past year, and, when seen, has been in a mitigated form, presenting a strong contrast to its former malignant character. But one exception to this statement has been noticed. In a part of Cumberland County, scarlatina prevailed during the winter and spring, and was generally severe, and occasionally proved fatal. It is stated by Dr. Tomlinson, the reporter of these cases, that "nearly every one could be traced to exposure to the disease, favoring the view of an extension by contagion more strongly and clearly than

I have ever witnessed before ; but I am satisfied that if the disease is communicated from one to another, that it is manifested often within three or four days from the time of exposure."

As somewhat allied to the class of diseases just noticed, it may be stated that various forms of purulent tumors, of the same description as those mentioned in the report of the preceding Committee, have continued to occur. The number of cases of furunculus, anthrax, and paronychia has been unusually large, and these disorders seem to have been but little influenced by changes of season ; they prevailed at the beginning, and have continued throughout, even to the close of the year.

With the approach of the warm season, a disposition to febrile affections began to be manifested. Vernal intermittents were unusually rife, affecting those especially who had experienced an attack during the preceding autumn ; and in some instances these attacks were extremely protracted and severe. It is remarked by one practitioner, that "intermittents, if not broken down in the first three or four days, were very apt to take on the typhoid form, a change taking place suddenly during the febrile stage."

There was also noticed, at an early part of the season, a decided tendency to intestinal disorders. Diarrhoea, cholera morbus, and dysentery appeared, and the two former especially were of rather unusual frequency as well as severity. So early as the 20th of May, a case is reported, which exhibited symptoms unusually grave. The patient, a young and temperate man, after suffering for some days from derangement of the bowels, was seized with severe vomiting and purging, attended by much abdominal pain, and cramps in the voluntary muscles. The discharges were of a fluid character, and were not controlled by treatment ; and, at the termination of about forty-eight hours, complete collapse took place, and the patient speedily sank. Near the middle of June, another case was met with, of a somewhat similar appearance, though still more rapid in its course. In this instance, the patient died in a boat on the river Delaware, whilst attempting to return to his home on the Jersey shore. He had been seized quite suddenly with pain, followed quickly by cramps in the muscles of the abdomen and of the extremities ; he had one or two large evacuations from the bowels, and perished in a very brief period. Whatever name may be given to the disease in these instances, it is in any case apparent that there was something of extreme severity, and that the main force of the disorder was directed towards the stomach and the intestinal tract ; and by these and other similar occurrences the tendencies of the season were sufficiently pointed out. Nevertheless, there was nothing that was calculated to fix attention, or that could be pronounced to be entirely unusual, until near the middle of July ; but at that time malignant cholera made its appearance in an unequivocal form. It broke out nearly at the same time in several places, presenting itself, between the 10th and 15th of the month, in different and distant situations. The prevalence of this disease, so much and so justly dreaded, is a circumstance that has marked the year, and it will therefore be made the subject of somewhat extended remark. As has been noticed at other times, the actual outbreak of the disease as an epidemic was rather sudden. Almost at one and the same time, several cases would be noticed in a place, presenting at once the well-known

characters of malignant cholera; and from this beginning the disease would be found to spread, in a period surprisingly brief, over a whole city, or town, or district of country. In no instance, so far as is known, could the outbreak be accounted for on the ground of any description of intercourse between places or persons; on the contrary, its extension appeared to be entirely independent of any such means. Upon this point, however, it may be proper to remark that though the disease has another origin, and usually progresses as an epidemic merely, yet, whether it may not, under certain circumstances, come to possess a contagious property, is a question not yet entirely determined.

The specific cause to which the occurrence of cholera is to be referred remains as yet in utter obscurity. It has been supposed, indeed, that it has its origin in something existing in the air—something either in the constitution of the atmosphere itself, or diffused throughout and carried with it; and to such a conclusion the mind most naturally turns. Nevertheless, it must be acknowledged that nothing of this kind has ever been discovered; though yet the fact should not be forgotten that there are agencies in nature which are known only by the effects they produce.

We may speak with a greater degree of certainty in regard to the circumstances which favor the appearance and spread of the malady. Mere temperature is not found to exert a decisive influence upon it, as it is seen to prevail in all climates and at every season; but still there can be scarcely a doubt that an elevated temperature is favorable to its progress. It is not known that it has ever prevailed within the limits of our State in any other than the warmest season, except that during the past year it lingered on, in certain situations, until late in the month of November; but its greatest prevalence was not only during the hottest part of the year, but also when the heat was unusual for the period.

Humidity also is believed to invite it: it is an impression, which observation confirms in a great degree, that the inhabitants of low, damp places, by the side of watercourses or bodies of water, are more liable to an attack than those who are differently situated. At Cedarville, in Cumberland County, where the disease prevailed within the past year, it is stated that the cases were most numerous, as well as malignant, in the immediate vicinity of a pond, in which it is also said there was a great deal of decaying vegetable matter. It is a common remark, that the epidemic, in its progress, has frequently followed in the course of rivers.

The construction and condition of dwellings are generally found to exert an influence. Small, foul, and ill-ventilated apartments, are favorable to the appearance of the malady; and it has mostly been noticed that the first cases are met with in situations of this kind, and that the disease will linger there after other places have become healthy. In the past season, the disorder broke out in Camden, in a house situated on an alley, in the back part of the dwelling, and in a small, crowded, and filthy apartment. The same thing has been noticed in many other places. It is true that, in the course of the epidemic, it may reach to better situations, and finally attack persons the most favorably circumstanced; yet the general rule will be as above stated.

There are other circumstances existing in certain localities, which are thought to have had an effect, and in some instances quite an important effect, and amongst these water of bad quality may be especially noticed.

This cause may be in operation either throughout an entire city or town, by reason of the whole supply to these places being bad; or it may be confined to a few or to a single dwelling. In the case of cities, the influence of this cause may not always be such as to be productive of well-marked effects upon those who are permanent residents, though even then, it may give a latent tendency to disorder of the bowels; but upon persons coming from the country, the effect may be immediate and decided. This has been frequently witnessed; cases might be adduced in which individuals were always affected with intestinal derangement from the use of the water in certain cities, and also in which this derangement was found, when cholera was prevailing in these places, to run very quickly into an attack of the disease. Instances of the more limited operation of this cause, have been frequently noticed. A case occurred, during the past year, within the notice of Dr. Trimble, of Burlington, in which almost an entire family was swept away by cholera, and there, besides imprudence in diet, and an unfavorable situation, it was discovered that there was a communication between the cesspool and the well.

The subjects of cholera are of all ages, from early infancy, to the extreme verge of years. The group of symptoms which belongs to the disease are of the most striking and unequivocal kind; but no description need here be given, as the picture is but too familiar to all. It may be remarked, however, that, although the disease is characterized at all times by certain strong distinctive marks, it yet is found to differ in some respects, in different years. At its first appearance in our country in the year 1832, it exhibited a sort of sthenic character. At the beginning, there was frequently violent pain in the abdomen, with considerable heat of skin, and activity in the general circulation. Amongst other remedies, bloodletting was frequently resorted to, and was regarded by many as a most important part of the treatment. At its next appearance, in 1849, it was comparatively asthenic in form; the grade of action was lower. The pain at the commencement was less acute, and the action of the circulatory system but slightly increased, and soon became feeble. Direct depletion was sometimes resorted to, and, as it was thought, with advantage; still, the practice was much less general than at the former visitation. During the past season, the disease had an appearance of still greater depression; the pain in the abdomen was not severe, and in some cases, and these the worst ones, there was no pain whatever. Direct depletion was not practised at all; it is not even mentioned by any one. Besides the general difference of character above mentioned, the disease of the past season had some special peculiarities, and one of these became particularly prominent. This was the frequent and early appearance of cerebral oppression.

In the former visitations of the disease, the subjects were generally free from notable disorder of the head, and the mind, in most cases, was clear and collected to the last. At most, there was only a kind of listlessness or dulness; but it was rare that the patient did not retain his consciousness, and continue to be alive, to a very late period, to every impression and feeling. In 1849, a child, who was less than two years old, when just sinking into the arms of death, complained, in his infantile manner of speech: "I cold, I cold." But in the late epidemic, the disease

took a different course, and was different in its mode of termination. Not unusually some complaint was made of the head at the very commencement, but, whether so or not, it was very frequently found that, as the disease progressed, a kind of stupor would come on, which would finally increase to such an extent as to become the most conspicuous point in the case. The patient would then lie without noticing anything, the eyes mostly half open, and the balls turned upward; the skin cool or cold; and the pulse feeble, or perhaps only perceptible in the largest vessels. This condition would sometimes come on when all the primary symptoms of the disease appeared to be relieved, when the pain, sickness, and bowel disorder had all, either partly or wholly, subsided. The duration of this state was uncertain; it might continue only for a few hours, but in some instances was protracted for days. Recovery from it was extremely rare. In the lack of all reports, the number of cases of cholera that have occurred in our State during the past year, cannot, with any certainty, be known. But there is reason to believe that it was far greater than in 1832, but was probably less than in 1849. The proportionate mortality would seem, from the few data within reach, to have been nearly the same as on the occasion last mentioned. Within the year 1832, there is scarcely any statistical information relating to New Jersey, now to be obtained. But the statements from neighboring places will perhaps apply here, to a great extent. In the city of New York, of the reported cases, the ratio of deaths was one-half; in Philadelphia, one out of two and a half. In the year 1849, the reports from different parts of this State, though important in other respects, were mostly quite defective in regard to the number of cases and of deaths. But in one report, that from the eastern district, some particulars of this kind are given. In Paterson, there were one hundred and nine deaths, out of a whole number *less* than double the number of deaths. In Newark, during the first two weeks of August, the reports exhibited a mortality of nearly two-thirds. In Rahway, too, at the onset of the disease, full two-thirds of the cases terminated fatally. But this mortality, it is said, is not to be considered as that belonging to the disease when fully and fairly treated; but that when medical aid was obtained in the early stages, the ratio of deaths was not more than one-third. However, it must be considered, that in all places there will always be cases not seasonably attended to, and the rate of mortality will thus be increased. Yet, from a general estimate, cases of this kind cannot wholly be excluded, and hence it may be fairly inferred that, taking all the cases and the whole course of the disease in the places above mentioned, the mortality could hardly have been *less* than one out of two and a half. In the city of Camden, in 1849, there were one hundred and nineteen cases, and fifty deaths. During the past year, there were ninety-four cases, and thirty-seven deaths.

The treatment of the disease must be briefly noticed. It has already been stated that cholera is not always presented to notice under precisely the same form; but that it undergoes some change of appearance in different seasons. Of consequence, the plan of treatment must be varied accordingly. So far as is known, there has been a very general agreement during the past year among practitioners in our State in regard to the method of cure; one general plan has been pursued, only

with such occasional variations as the aspect of cases, or the experience of individuals might suggest. Opium, in some of its forms, mercurials, astringents and stimulants, have been generally employed.

Opium has been given in cholera, by some practitioners abroad, in enormous doses. It was Hawthorne's practice to administer ten grains at a single dose, and he declares that no ill effect whatever was produced by it; but, on the contrary, the greatest benefit. It would not be just perhaps, to deny his statements, but yet it is certain that this practice has not been successful here. It has been tried sufficiently to show that, as applied to the disease existing amongst us, the practice is hazardous, and in many cases eminently mischievous. In some instances, where less than the amount above mentioned has been given, the patients have soon become comatose, and have died with all the appearances of excessive narcotism. In the earlier stages of the disease, the remedy may be given in moderate doses, properly combined with other articles, not only with safety, but with undoubted advantage. It will tend to relieve pain, and aid in putting a check to the discharges; but even then, it must be carefully watched, and if any head symptoms should begin to come on, all narcotic remedies must be wholly abandoned, or given with the greatest reserve. At a further stage of the malady, when collapse with stupor is approaching; and still more, if this state has actually occurred, to give a full portion of opium, or of any powerful narcotic, is to seal the patient's fate. No remedy, it is true, may then be availing; but the only chance for escape would be cut off by treatment of this nature. It ought to be stated, however, that these remarks apply, and are intended to apply in a more especial manner, to the form of the disease that has prevailed during the past season. On former occasions, the same degree of caution in the use of narcotics did not appear to be required, though much care was still necessary in many cases; and never has the foreign practice, above mentioned, been sanctioned, as a general plan of treatment, by any experience here.

The mercurial preparations have been in general, it might almost be said in universal use, and calomel is the article that has been most frequently employed.

The indication which this remedy is chiefly calculated to meet, is the restoration of natural discharges. Whatever views may be entertained in regard to the cause or the nature of the disease, it is acknowledged by all that a great thing is effected towards a cure when bilious evacuations are procured from the bowels; indeed, amendment seldom begins until a change of this kind takes place, and upon such a change improvement and recovery are found to follow, in a great proportion of cases. And there can be no doubt that mercury possesses, in a higher degree than any other remedy now known, the power of producing this much desired effect; and hence the common voice of the profession is in favor of its use in this disorder. But there is less unanimity in regard to the mode; or the amount in which the medicine should be given. By some practitioners, it is directed in small and frequently repeated doses, as one grain of calomel once in an hour, whilst others direct it in portions of ten grains or more. The comparative results of these different courses have not been sufficiently made known. It is stated by one practitioner, Dr. Trimble, of Burlington, that during the past season, he gave small

portions in all his earlier cases, and that the effects were not at all satisfactory; but that subsequently, in a case of the greatest severity, he gave several doses, increasing from eight to fifteen grains of calomel, and that the result was entirely fortunate.

Sufficient data, however, to give ground for certain conclusions upon this point, are not now within reach; and it may be that no positive rule, applicable to all cases, can ever be established. The proper course to be pursued in this respect may be found to be dependent upon the special conditions which exist at different times and places, and which are connected with each particular case of disease. Of astringent remedies, sugar of lead, kino, and tannin, were the articles most frequently used.

These medicines are employed in the disease for a double purpose; they operate directly, by restraining the discharges, and thus putting a check to an exhausting drain; and there is also an indirect advantage, from their gaining or giving a fuller opportunity for the action of mercurials, which action, from the rapid progress of the disease, might not otherwise be had. Among the articles above mentioned, the sugar of lead would seem to have been in most general use, and a combination of this article, with opium or calomel, came to be a kind of standing prescription with many practitioners.

Perhaps it may be from a kind of styptic property, that the acid preparations have operated in cases of cholera. The diluted nitric acid has latterly been highly recommended by some authorities abroad. From the trials of the remedy here made, the conclusion has been drawn, that it may be useful in cases of cholera, and that it may sometimes answer well in genuine cholera, in the early stages; but that when the disorder is far advanced, and collapse impending, it will be found entirely to fail. Upon the whole, it is not thought to be more worthy of reliance than other remedies better known and in more general use.

It may not be necessary to speak of the particular stimulants that have been used, or of the special indications which remedies of this kind are calculated to meet. But there is one article of this class which may deserve a moment's attention; it is the active principle of pepper, piperine. This article has been found to be well suited to the form of disease that has been met with during the past year. Cases were not frequently seen in which stimulants were not well borne, indeed in which they were not called for; and the remedy now under notice, being active in its properties, readily given in combination with the other medicines required, and being less likely than almost any other to have any ill effect upon the brain, was found to answer a most excellent purpose. Of course, there were cases to which it was not suited at all, and, in others, care was necessary to lay it aside so soon as reaction came on; as otherwise much heat and irritation would be likely to be produced.

Chloroform has been frequently resorted to in the treatment of cholera, and it has been used both in a fluid state, and also by inhalation. In the latter mode especially, there is much testimony in its favor; it is found to relieve pain and spasm, obviate the peculiar influence of the disease upon the nervous power, and thus place the system in a better situation for the struggle it is subjected to. The operation of the

remedy under circumstances of great urgency is thus described by a most respectable practitioner: "Before using the chloroform, the patient was screaming loudly, throwing himself about from side to side of the bed, though three or four stout men were trying to hold and to rub him. I then poured some of the article on the napkin, and held it to his nose, but it was some time before it had any effect; but quite suddenly he threw himself back, looked up wildly, and whispered: 'What is the matter?' From that time his paroxysms of cramps became less frequent and severe, his skin warmer, and pulse fuller and more distinct, though the other symptoms continued. From time to time the chloroform was used, whenever there was a return of the cramps, with the happiest effect; and finally, improvement began in other respects, and complete recovery followed." For the purpose, then, of relieving pain, and removing the spasmodic action of the muscles, which is often so distressing and exhausting in this disease, chloroform would seem to be an important remedy; and, at the same time, its general influence would appear to be calming and supporting. Nor has any interruption to the action of other medicinal agents been noticed from it, nor any ill effect in other respects. As to the influence it may have in warding off collapse, or as to what may be its effect when this state has already come on, little at present can be said.

Before leaving the subject of treatment, a word ought to be said in relation to purgatives. Experience has shown that, in a certain class of cases, medicines of this kind are not only safe, but highly beneficial. Where some gross imprudence in diet has been committed, and there is reason to believe that crude and offensive matters are retained in the intestinal canal, the operation of a purgative has been followed by the best effects. A few grains of calomel, followed by castor oil, are the proper articles, and it has frequently been found that, after the action of these remedies, the pain, sickness, and bowel disorder would almost immediately subside. As a preventive means, the use of these remedies is thus spoken of by a very judicious observer: "Several cases have come under my notice, where the most persistent diarrhoea, that had resisted all sedative and astringent treatment, and, from its character, gave reason to fear its termination in cholera, was entirely relieved by the exhibition of a free dose of castor oil."

It should be remarked, however, that much care and discrimination are necessary in the administration of purgatives in these cases.

The last case of cholera that is reported in our State within the past year occurred on the 23d of November. The case was a fatal one after the subsidence of the epidemic above noticed; though, whilst it yet continued, the usual autumnal diseases began to appear. Intermittent and remittent fevers became prevalent. There was then to be seen, for a time, a kind of intermingling of forces; each paroxysm of fever would resemble, in no slight degree, an attack of the late epidemic, and being often mistaken for that by the patient and his friends, a measure of groundless alarm was excited and kept alive. In other respects, too, the febrile affections of the time appeared to have become impressed by some new and unusual influence. When the form of the disease was simple at first, and the symptoms not especially urgent, an unlooked-for change would suddenly occur; without local affections apparently

serious, without excessive discharges, the case would yet assume an aspect of danger, and often terminate fatally. Yet the cases of fever were not more numerous than usual at the same period, and the ordinary methods of treatment—only with some modifications on account of the tendencies just noticed—appear to have been generally pursued. In the management of intermittents, indeed, some variation from the common course, besides that required by the circumstances above mentioned, was found necessary in some cases. Not unfrequently these affections proved to be extremely intractable, showing a constant disposition to return, and to resist the action of quinine and its kindred preparations, even when given in the freest manner. Under these circumstances, it was sometimes found that, by alternating the quinine with the arsenical solution, and keeping up a steady impression from one or the other, the paroxysms of the disease might be wholly arrested, and a final cure be established.

In the latter part of September, a case of yellow fever is reported in the practice of Dr. Cullen, of Camden. The following is his statement of the case: "The man was taken on the day after his arrival in Philadelphia (sixty hours from Savannah) with a severe rigor, and through the whole course of the case, up to convalescence, every characteristic of the terrible disease was well developed. The treatment was commenced with a mercurial cathartic; cupping along the spine and back of the head; followed by mercury, combined with jalap and ipecacuanha. The effervescing draught was also given, with cold and slightly acid drinks. The mercury was pushed to ptyalism. The slowness of pulse, which is spoken of by some writers as almost always observable in convalescence from this disease, was present in this case, running from 112 per minute during the first few days of the attack, down to 50 per minute on the sixteenth day. It may be of interest to state, that although there was no restriction in regard to intercourse with the patient, the disease was communicated to no other person."

At the last meeting of the Society, a case was referred to the Standing Committee in which some irregularity was charged in granting a diploma. No documentary evidence touching the case has been furnished to the Committee, and they are in possession of no other knowledge in relation to it than that which they derive from the statements and remarks of their predecessors of the last year. From what can there be gathered, it would seem that the irregularity in question consists in having issued a license upon a doubtful or imperfect certificate, and also in giving to the license unusual extension. The certificate, it is alleged, was faulty in different respects. In the first place, it is said that there was no indorsement upon it showing the payment of the usual fee required in such cases. But to this objection it is answered, that no positive rule was known to exist, at the time the certificate was granted, requiring such an indorsement; and furthermore, that an assurance was given by the applicant that the fee, if not indorsed, had been actually paid, and that the assurance thus given was deemed to be fully satisfactory. This answer would have been far more complete had it been shown, that the rule requiring an indorsement was not really in operation at the period referred to. However, as the officer was satisfied that the payment had been made, and therefore that the deficiency,

if any, was one of form only, it is believed that, so far as this part of the case is concerned, the admission of the certificate was not improper. But it is also stated, that there had been unusual delay in presenting this instrument to the president; that a period of twenty years had elapsed since it had been granted. Undoubtedly, in this respect, there had been great, and even culpable remissness; but yet there is nothing in any existing regulation to limit the duration of such an instrument. For its own purposes, its virtue is retained for an indefinite period; and hence it may properly be recognized at the termination of twenty, as well as the close of a single year. If the certificate, then, be admitted as good, a sufficient basis is given for granting a license; and had the license so granted been issued in the usual manner and form, it must have been sustained. But this was not done. An addition was made to the instrument in order to give it a retrospective effect, and thus to cause it to cover the whole of the period from the date of the certificate. In explanation of this course, as it would seem, it is set forth that the applicant was well known; that he had, during the period in question, been recognized by the Society as a regular practitioner; had been appointed to office, and been intrusted with various duties. Such a connection with the Society, however, was no doubt maintained on the part of the body in total ignorance of the facts of the case; and had it been otherwise, it is not perceived that, in this manner, a purely legal disability could have been cured, or in anywise affected. In the eye of the law, no one could be regarded as a licentiate without a diploma; no other thing could supply the deficiency. Association with the Society, and a participation in its exercises and duties, might well be regarded as evidence of professional standing and character, and of kindly regard toward the individual; but it could go no further than this—it could not alter his legal position. And if no act of the Society could change his condition, neither could this be done by any act of an officer of the Society. The Committee are therefore of opinion, that the act of the president in extending the license, in the manner above mentioned, was not warranted by any authority vested in him, and, of consequence, is without effect. The license can only take its date from the time it was issued.

The Committee have already intimated an opinion in regard to the case of Dr. McClintock, and they have now but to state, that their views and convictions remain unchanged. No remark or argument can be needed; the facts are clear, and known to all. The regulations applying to such cases should indeed be observed in the present one; but further than this, no delay can be required, or indeed would be proper. The reputation of the Society and of the profession demands that prompt and decisive action should be taken. The name of such an offender should be stricken, as soon as may be, from the list of members. The mere trader may find associations in the halls where mammon is worshipped; but there is no place for such a one in the temple devoted to medical science.

It may not be improper to direct the attention of the Society to the subject of the late legislation in our State bearing upon the interests of the medical profession. This legislation would appear to be quite anomalous in principle, as well as injurious in its tendency. Hitherto it

has been a privilege appertaining to all professional bodies to determine for themselves as to the qualifications and the fitness of all applicants for admission to them. It has hitherto been admitted by all, that in these bodies only could authority for such purposes be properly lodged, or properly exercised. But the late enactments of our State, and especially the latest one, would seem to proceed upon a contrary principle; assuming that physicians may be made by acts of legislation. So far as the emoluments of the profession are concerned, and so far as public opinion may be impressed by the law, the professional character is given to individuals without regard to any medical authority within our State. In view of this state of affairs, the Committee would suggest, that some action should be taken by the Society; that some measures should be adopted for the purpose of relieving itself, and the profession in our State, from the injury which such legislation is calculated to inflict. A memorial to our legislative bodies, setting forth the views of the Society, and respectfully asking that the late laws may be repealed, may, it is thought, be a seasonable and proper procedure, and is therefore recommended.

The Committee have no specific proposal to make in regard to a system of reporting. But it is manifest that the plan at present existing has entirely failed to answer the purposes in view. It has been suggested in former reports that each reporter should be an *ex-officio* member of the State Society; and it is possible that such a connection might prompt to a more ready and more faithful performance of duty. The subject is recommended to the consideration of the Society.

ISAAC S. MULFORD,
RICHARD M. COOPER,
B. HENDRY,
Standing Committee.

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No. 4.

ART. I.—*An Obscure Case.* By J. B. CRAWFORD, M. D.

THE following case is reported for the purpose of eliciting information from older and more experienced practitioners than myself, rather than from a desire to give publicity to the facts which I am about to record. I have found it difficult to arrive at any positive opinion in regard to the pathological condition of my patient, and the readers of the REPORTER will confer a favor by rightly diagnosing the case.

I. H., a maiden lady, aged about 33 years, was attacked on the 11th of last December, with chills and fever, which assumed the remitting form. She had previously had repeated attacks of ague and fever, which yielded readily to sulphate of quinia. In other respects her health had been good, save an attack of sick-headache at each occurrence of her menstruating period. This generally lasted for several hours, and was usually relieved by ejecting the contents of the stomach.

The disease was not characterized by any symptoms unusual in the course of simple remitting fever. The treatment consisted of a cathartic of calomel and rhubarb, at the outset, Dover's powder, spts. nitre, an occasional laxative, and sulph. quinia. These were given as indications seemed to require. The fever continued for nearly two weeks, and apparent convalescence supervened. I then discontinued my visits, and heard nothing more of my patient until the fourth of January, when I was again summoned to visit her.

I found that she had not improved since my last visit, and was even weaker than I had previously seen her. She called my

attention to an enlargement in her left side, which, she said, she had first noticed five or six days previously. On examination, I found a tumor in the left hypochondrium, occupying the entire space between the crest of the ilium and the ribs, and so far as could be traced, approximating to a globular form. There was considerable tenderness about the region of the tumor, and the examination that I made, although conducted with a reasonable degree of care, caused the patient much pain. There was no discoloration of the skin, and no apparent inflammatory action of the muscular tissues in that region. Fluctuation was distinct about the tumor. The bowels had been somewhat inactive of late, but a mild cathartic always sufficed to procure an evacuation.

Although the patient had not been aware of the existence of a tumor in her side until a few days previous to my examination, when her attention was called to it, she remembered having felt some uneasiness, and occasional slight pain in that part for several months before. She asserted that it had increased full one-third in size since she discovered it, and that she had been aware of a daily augmentation of its bulk. On the 11th of January, I visited her in consultation with Dr. Tubbs. The tumor had increased very rapidly in size during the previous week, but in all other respects presented the same appearance as before. The left side was now much distended, the local pain somewhat aggravated, and the patient's strength rapidly declining. To do *something* for our patient seemed imperative; but as all interference appeared impracticable at that time, we determined to pursue a "*masterly inactivity*," and so did nothing more than to soothe the anxieties of our patient and her friends, by the application of a blister over the affected part.

On the 16th, I found a still further increase in the size of the tumor. It was more sensitive than before, although the patient's sufferings had somewhat abated for the past few days. During the following night an important change took place. The patient experienced a sensation in the region of the tumor, which she described as "a sensation of flowing," "feeling as if a little stream of water were running from the tumor." This continued for some time, when suddenly she felt an inclination to evacuate the bowels, and upon going to stool, voided a large quantity of fluid; the exact quantity was not known, but estimated by her

attendants to have been between three and four quarts. She felt much prostrated for some hours, although greatly relieved of the uneasiness that she had previously felt. She soon discovered that the enlargement of her side was greatly reduced. Upon visiting her on the following day, I found that the anterior portion of the tumor had disappeared, but that the posterior portion—constituting, probably, one-third of the whole—still remained. I could not learn much that was satisfactory in regard to the nature of the discharge. I was told that it was fluid, that some fecal matter accompanied it, and that it was very offensive to the smell.

On the 18th, I again visited my patient, and found that an incident, similar to that recorded above, had taken place on the previous evening, and the remaining portion of the tumor had then disappeared. The discharge had this time been preserved. It consisted of about two quarts of a serous, reddish-colored fluid, having but little smell. In the bottom of the vessel were several small hard balls of fecal matter, which had been voided with the fluid.

The patient now felt complete relief from her sufferings, although some tenderness has remained in her left side. Her health has steadily improved since that time, and she has now nearly recovered.

I have not been able to satisfy my own mind in regard to the nature of this tumor. I at first very naturally suspected that it was ovarian, but its rapid development, as well as its termination, would seem to render that opinion doubtful. I have sketched as plainly and as briefly as I could, the facts as they have been presented to me, and ask some abler member of the profession for a correct diagnosis of the case. What was it? In what tissues was the accumulated fluid contained? "*I pause for a reply.*"

WYOMING, PA., March 2, 1855.

ART. II.—*Case of Erysipelas Illustrative of the Recuperative Powers of the System.* By WM. JOHNSON, M. D.

THERE is something so much like intelligence and design in the operations of the animal economy, both in health and sickness—

something so much like reflective adaptation to circumstances—as to lend some show of plausibility to the transcendentalism of Stahl. This distinguished professor, whose opinions for a long time influenced the medical practice of Germany, maintained that the rational soul of man had a supervisory care, and directed and controlled all the operations of his body, both in health and in disease. *To this agency he referred the recuperative powers of the economy.* The learned theorist, however, lost sight of the simple fact, that this principle (the recuperative) is manifested in the lowest grades of organized vitality, in a most striking and wonderful manner. Even the worm on which we tread, in the recuperative powers with which it is endowed, affords a refutation of the professor's theory. But, leaving such illusive speculations, indulge me here in the brief relation of a case of disease in which the *vires medicatrices naturee*, the recuperative powers, which infinite wisdom has imparted to the animal system, were remarkably displayed.

In the fall of 1827, J. S., aged about 35 years, a strong, athletic man of very intemperate habits, whilst in a debauch, lay out all night upon the ground. He was soon after attacked with erysipelatous inflammation of the genitalia, commencing on the penis, spreading over the scrotum, and terminating in the perineum. The distension of the scrotum was astonishingly great; inflammation ran high, and very soon destructive processes were set up. Sloughing first took place in the prepuce, in the form of a large hole in it, destroying about one-third of this covering. The whole scrotum next became gangrenous, and a line of demarcation took place immediately under the penis and extended around the scrotum. The absorbents acted vigorously, separating the dead from the living matter, and the scrotum came away in one entire mass, leaving the testes and spermatic cord entirely bare of covering, but in a perfectly sound condition. A more sickening and revolting sight I have seldom witnessed than this poor man now presented; the testicles, of the size of pigeon eggs, were left dangling on a naked and elongated cord, and how to dispose of the case was to me a subject of great embarrassment. But my difficulties became somewhat relieved by the sloughing process extending back upon the perineum, and by the detachment of a considerable portion of it, a soft lodgement was afforded to the testes and

spermatic cord. Some burrowing under the sound skin by the sloughing of the cellular membrane afforded a partial covering to the testes. In the progress of incarnation and cicatrization, the testes and cord were completely covered up and secured from injury, and the man lives, a wonderful evidence of the recuperative powers of the animal economy. These natural processes were very much favored by confining the patient to the dorsal decubitus; the testes were thus left undisturbed, and recovery expedited.

This man's gait in walking is now a little awkward and straddling, but not so much so as to excite much notice. I have often, since his recovery, seen him riding on horseback; but I have noticed that he never suffers the horse to go faster than on a walk. I have known him to ride on horseback seven or eight miles from home, and return the same day. His virility remains unscathed by the fiery ordeal through which he has passed, and his illicit amours are a sad commentary on the depravity of our nature.

Remarks.—I have related this case as illustrative of the *vis medicatrix naturee*. How entirely dependent are the splendid achievements of surgical science upon the exercise of this principle! Such manifestations are calculated to excite our admiration of the wisdom and goodness of the Great Architect of our frames. In the case which I have related, we notice two astonishing circumstances: First, the preservation of the testes and cord, whilst the whole scrotum was being destroyed; and, secondly, the preservation of the urethra whilst such destructive processes were going on in the perineum. The manner in which the whole case was disposed of, is altogether wonderful. The patient abounded in areolar tissue, and this circumstance favored the deeper imbedding of the testes and cord in the perineum. In my medical reading, I have never come across a parallel case, though such may have occurred to others, as there is "nothing new under the sun." Some obvious practical lessons may be learned from this case. These I leave to be drawn out by the reader.

WHITE HOUSE, January, 1855.

ART. III.—*Collodion in Erysipelas Phlegmonodes*.

By R. DOUGLASS, M. D.

I WAS called, in the latter end of June, 1853, to visit Mrs. Ship, who had been complaining for upwards of a week previous to that time. I found her case to be one of well marked facial and cervical erysipelas phlegmonodes in the stage of suppuration. There were various cases of epidemic erysipelas through the country during the same month, the majority of which, I believe, proved fatal.

In the treatment of the case, my object was to give exit to the pus, and support to the constitution. I was obliged to make four incisions before I could accomplish the first, and even then I could not effect my purpose by the use of the groove director, which I employed to prevent the cervical arteries from being injured. I then fell back upon, at least to me, a new mode of applying collodion. With this, I pencilled over the affected part, and a little beyond the inflamed surface, except where it would likely be most prominent, that the gentle pressure on its circumference might not only prevent the spread of the matter, but likewise, if possible, give to it a greater concentration and point. The patient spoke of the feeling of comfort resulting from its application, as it gave her great relief from the burning sensation.

There is, I think, a twofold benefit in applying the collodion as above described. First, it acts as a kind of circular bandage, and tends either to the absorption of matter by the surrounding absorbents, or its displacement from the circumference to the centre, which latter, if it is its *modus operandi*, could not be effected by applying the collodion at the same time to the centre, as it would, in that case, act somewhat antagonistically to that applied to the circumference. Secondly, from its own nature, being composed of cotton, it acts, in the above disease, analogous to cotton in burns.

I ordered, in the case of Mrs. S., a poultice of slippery elm with some sweet oil, or lard to be applied to the centre, which, far from having had a bad effect as some would have supposed, was as soothing in its character as it was salutary in its effect. I

succeeded in carrying off a large quantity of fetid leaden colored pus. It was daily syringed with Castile soap and water with a small portion of chloride of sodium. The above means, together with the comp. tinct. ferri, nutritious diet, and occasional aperients, perfectly restored the patient.

WOODSTOCK, VA., March 6, 1855.

ART. IV.—*Case of Poisoning by Cashew-Nut Oil.*

By JOHN C. S. MONKUR, M. D.

THE 15th January, 1855, T. Wheedon, a lad 14 years of age, applies at the office suffering severely from the poisonous effect of the oil of the cashew-nut (*Anacardium*). Last evening he had given him a cashew-nut, and at night, after having undressed, not suspecting its caustic qualities, he cut it open with a knife, and sliced the kernel; ate a small piece, and in handling it spread the oil over the parts affected. He could not sleep from the irritation and burning sensation in his mouth, face, hands and neck. He presents this morning, his forehead, eyelids, face and neck, hands and forearms enormously swelled. He cannot see, nor can he open his mouth but with great difficulty and pain; he speaks with difficulty, from the swollen state of his tongue. Painted the whole swollen surface, by means of a soft bristle brush, with the tincture of iodine (3ij to 3j). He is to remain at home, and to take at bed hour ten grains of Dover's powder, in the morning an ounce of castor oil.

January 16. Visited at his house. He had taken the powder, and slept but little. He was delirious throughout the night, and now suffers very much from an increased swelling of his neck; he cannot take fluids, from his inability to swallow them. His forearms and fingers smooth, tense, and excessively enlarged; penis and scrotum red, and being swollen; complains and screams on the passage of urine. His bowels confined; pulse 120, and small. He could not take the castor oil, nor will he take food or drink. Succeeded, with much perseverance, in getting an ounce of castor oil swallowed. Pencilled the whole poisoned surface

with the tincture of iodine. He is to take ʒiij of spiritus mindereri with excess of alkali every three hours. To cover the penis and scrotum with folds of linen wet with cold water and spirits of wine; if opposed to this, or should it chill, to remove, and substitute a warm mucilage of slippery elm bark. If not asleep at bed hour, to give him a quarter of a grain of sulphate of morphia in solution.

January 17. The patient has spent a restless night; not so delirious as the night before; but more from threatened suffocation in consequence of the very great enlargement of his tongue, and profuse salivary discharge. The swelling of the forehead and face is abating; the penis and scrotum increase in redness and size. Had one operation from the bowels yesterday; took the morphia at night; pulse 100. Applied the iodine over the tongue and the other swelled surfaces; and to continue the spirits of mindereri with beef tea, and give the morphia at bed hour. He may have small pieces of ice, if desired.

January 18. The report this morning is more favorable; the dangerous swelling of the neck and throat is subsiding; the tongue reduces in size; he breathes and swallows better; he can take his medicine and nourishment; his bowels are confined; pulse 100. Painted the whole affected surface with the iodine, except the forearms and fingers. These parts are being covered with distinct *pustular* formations, and he complains incessantly of the severity of the pain in them. Apply to the arms and fingers a warm poultice of ground flaxseed meal; and the other parts to be covered with carded cotton. Early morning to take ʒiij sulphate of magnesia.

January 19. The general aspect of the patient improved. He did not take the morphia; the saline aperient has operated. He spent a better night; has taken more nourishment. The size of the tongue and throat are diminishing; can now speak; and for the first time expose the eyes. His forearms and fingers are covered with a full crop of pustules in a good state of suppuration. There are no pustules on any other part of the poisoned surfaces. His penis and scrotum continue excessively swollen. Again pencilled them freely with the iodine; and to continue the poultice to the arms; the face and neck to be kept covered with olive oil. To continue the spirits of mindereri and nourishment.

January 20. The patient is decidedly more comfortable; has slept some, and taken his medicines and nourishment. Suffers only from his genitals and arms; bowels free; pulse 90. To keep the genitals covered with cotton smeared with olive oil; and poultices to arms.

January 21. Improving rapidly; the poisoned surfaces of the face and neck are desquamating; the other parts less painful. To keep all the parts well greased with the olive oil except the arms. The pustulation requires a continuation of the poultices.

From *January 22d* to the *30th*, he daily progressed in recovery, and was discharged cured.

Remarks.—Having on previous occasions met with several persons badly poisoned by coming in contact with the poison oak (*Rhus Toxicodendron*), and in these cases relied on and been successful with the local application of the tincture of iodine, I resolved at once in the present case to give it a fair trial. This lad was more severely poisoned than any previous case I had ever witnessed; and to its employment I attribute the successful issue of his case.

BALTIMORE, MD.

ART. V.—*On Criminal Abortion.* By I. S. MULFORD, M. D.

THE distinguished Professor of Midwifery in the University of Pennsylvania, has recently published a lecture on the subject of Criminal Abortion. This production is marked by the great comprehension and breadth of its views, as well as by much energy and vigor of style. In it he lays down the proposition, that the ovum is possessed of vitality even from the period of conception, and consequently, that any attempt to destroy it is equally criminal, in every respect, at this as at any subsequent period. Formerly, a similar opinion to this was entertained by the writer, and was expressed by him several years ago. But subsequent consideration has led him to doubt as to the entire correctness of such a view of the subject. Were the operations of nature always perfectly uniform, always ending in one result,

the opinion in question would be open to no objection. But this is not the case; nature sometimes fails in her purposes; her attempts to attain a certain result proving to be abortive, a true conception does not take place; a living, growing being is not produced in the womb, but instead thereof there exists a mere rude, unformed, unorganized mass of matter. Now is it possible, at the earliest periods of conception, to distinguish between these two very different conditions? Can any one be entirely certain that a true conception has really taken place, and that the womb contains a living, growing being, that will go on in its progress until maturity is reached? Surely no one, not even the wisest, can be certain of this. It may be said, indeed, that the distinction, could it be made out, would be of no consequence, inasmuch as the intention, in cases of criminal abortion, is always the same, being always directed toward the destruction of a living, growing being, and thus forever to cut off its final development. And this is no doubt true, entirely true; but yet, whatever the design may be, it is surely, as a matter of simple fact, a very different thing to destroy a living, growing being, and to destroy a mere mass that can never come to be developed as a living thing. Whatever the design of the actor may be, would there in fact be the same degree of criminality in these different cases? At these early periods must there not always be a doubt resting upon this subject; a doubt that should lead us to pause before positive and sweeping conclusions are laid down as articles of belief? But whatever doubt, whatever obscurity there may be at these early periods of conception, there comes a time when doubt is removed; when all obscurity is dispelled. This is when such manifestations of vitality are made as to prove incontestably that a true conception has certainly taken place, and that the womb does actually contain a living being. The most common manifestation of this is that which takes place at the time usually called the "quickening." Unequivocal evidence is then given that there is a living being within the womb. It is true, that "quickening" makes no special change as then occurring in the state of the ovum; it must, of consequence, have had full vitality before this time, and as full vitality it may be, before, as at, and after this occurrence. But then it is an event which puts entirely at rest all previous doubts; it settles all questions as to the nature of what

is contained within the womb, and from henceforth there can be no difficulty or hesitation. An attempt at criminal abortion will henceforth stand out so that no possible plea, or color of plea, can be urged in its extenuation.

These considerations have led the writer to doubt whether it would be wise to sweep away at once all the ancient landmarks that have so long stood in this portion of the field of medical science. Sweeping generalizations may seem to simplify and to clear away the view, but so also they may render the way less secure, and by lessening caution may expose to danger and to error.

These remarks the writer submits to the profession: it is far from his wish to start unnecessary doubts, and especially to start a doubt in reference to the views and opinions of any of the great masters of our science; but yet he believes it to be the privilege of every one, even the humblest member of the profession, to inquire and to think for himself. This the writer has done.

CAMDEN, N. J., *Second Mo.* 26, 1855.

ART. VI.—*Remarks on Cancer, with a Case of Extirpation of Cancer of the Breast.* [Read before the Hunterdon County Medical Society.] By GEORGE P. REX, M. D.

IN accordance with a resolution of this Society, I herewith present for your consideration, a case of extirpation of the mammary gland, with a few brief remarks relative thereto. On the first of August last, Mrs. L. W., a widow, aged 53, the mother of one child, consulted me for "a lump in her breast." Upon examination, I found a hard knobby tumor quite large, in the gland of the left breast. The nipple was retracted, slightly excoriated, and scabby. The skin was lead colored, adherent to the tumor and corrugated. The tumor was very irregular or knobby, and adherent to the pectoral muscle. There was scarcely any acute pain on pressure, but for some time past there had been a heavy or dragging pain in the shoulder, and darting pains down the left arm. I could not detect any enlargement in the axillary or other glands. I

derived from the patient the history of her case, as follows: She had always enjoyed good health, of active habits, and about a year before she consulted me, the "lump" was first noticed. She experienced soon after, a dull pain in the breast, shoulder and arm, which she supposed was rheumatism. These pains continued for some time without exciting any fears, as she believed it was owing to rheumatism, aggravated by the pressure of some whalebones worn in her dress. And here I would observe, that in my opinion, this pressure was the exciting cause of the disease. There was no hereditary predisposition to cancer, and I regarded this case as local, excited by the pressure of the whalebones.

In support of this opinion, I quote from the third vol. of *Che- lius's Surgery*, p. 508, where he says: "The occasional causes of scirrhus and cancer are, all mischief which produces a constant but not intense irritation, blows, *continued pressure*," &c. I believe with Druitt, that cancer may be regarded in the primary stage as local; and this stage is the only time they can be removed successfully. I will not stop to discuss the peculiar dyscrasy which occurs in the progress of cancer, the result of the absorption of the cancerous matter, as I intend this paper to be brief and practical.

The patient was in the enjoyment of good general health, and as I believed no cancerous matter had been absorbed, I considered her case favorable for an operation. She commenced at once with a preparatory course of proper regulation of her diet and bowels, with an occasional saline laxative. I wished to defer the operation until the intense heat of August was past. On the 31st of August, finding the tumor enlarging, I determined to operate at once. The patient was seated in an easy chair, properly attired, and put under the influence of washed ether. Two free elliptical incisions were made extending three inches above the ensiform cartilage toward the axilla, and the entire gland carefully dissected out, with the fascia covering the pectoralis major, where the tumor was adherent to it. There was considerable hemorrhage, but after tying two small arteries and pressure, it was soon arrested. I was obliged to take away more of the skin than usual on account of its unhealthy appearance, as it is a rule without exception, in all operations, never to leave anything remaining that has an unhealthy look. The cavity was filled with lint wet with cold water,

and removed in five hours, and then dressed with sutures and adhesive straps, over which was applied the cold water dressing. The axillary half of the wound was held together with sutures, and soon united by the first intention; the remaining half healed by granulation and suppuration. There was very little pain or inflammation after the operation, which I attributed to the effects of the cold water dressing. The tumor removed weighed fifteen ounces, and is here presented for examination. The patient is now entirely well, and I trust the disease will not return.

There is a great difference of opinion among surgeons in regard to the removal of cancerous breast, from the fact that the disease so frequently returns and proves fatal. This differing is caused, in my opinion, from want of proper judgment in the operator. I believe that if the operation is performed upon a patient with good general health and constitution, where there is no enlargement of the axillary or other glandular structure, and where there is an absence of the dyscrasy, the result of the absorption of the cancerous matter, the great majority of cases will be successful. But if the opposite of this obtains, and you have a patient with a shattered constitution, very large axillary glands, and other constitutional disturbances, my own opinion is that the operation will rarely, if ever, be successful, and you had better let it alone.

I once saw a case in consultation with Dr. Clark, and, after a careful examination, gave an unfavorable prognosis and decided against an operation. A distinguished surgeon in New York afterwards differed with me, and was anxious to operate. She declined having it done, and died ten months afterwards. I am satisfied that if this lady had been operated upon, the disease would have returned, and she would not have been benefited by the operation.

I was consulted some time ago by a patient of Dr. Johnson, with a scrofulous scirrhus in her breast, and was very anxious to have it removed by an operation. I decided against it, believing it would prove unsuccessful. She was soon afterwards operated on in one of our cities, and died in two weeks.

Many of the profession are of the opinion that the operation is never successful, as the disease will always return; but this is not

so, for I have seen successful cases that presented the true cancer-cell and nuclei under the microscope. I recently saw one of my patients, from whom I removed a scirrhus breast, upwards of nine years ago, in whom there was an hereditary predisposition to cancer, her mother and others of the family having died with it, yet this woman is in good health, and entirely free from any indication of the disease.

I always keep my patients, after operation, and some time after the wound heals, upon alterative doses of the solution of hydriodate of arsenic and mercury and milk diet, and, excepting one case, I have never had the disease return.

In concluding these remarks, I would ask whether, in those cases of cancer that will not admit of an operation, we should abandon them to their fate, without an effort to save them. I think not. Let me ask your attention to a remark of Robert Drutt, Esq., taken from a paper read before the London Medical Society in January of last year:—

“In case of cancer, the general practice of the profession seems to be so far as regards extirpation, as sound in principle as the present state of knowledge permits it to be. Regarding the treatment of cases not capable of extirpation, I have reason to know that the vague term malignant, and the idea of death through cachexia, operate most unfavorably, by inducing the surgeon to neglect palliative treatment; but if the opinion were acted upon which I believe to be the just one, that cancer as a rule, destroys life as other diseases do by its local effects, then the surgeon would feel that every particle of skin he can save from excoriation, every portion of the foul and irritable ulcer he can cleanse, or soothe, will be so much taken from one palpable cause of death. I know of one case in particular in which the more than commonly assiduous use of common means, / especially blackwash and bismuth, were of immense service in prolonging life. As to general treatment, much may be hoped for, from the persevering use of means to neutralize pain and exhaustion. At present all treatment of cancer is palliative and directed against local manifestations and their results. But when we consider that ten years ago, before Hughes Bennet taught us the use of cod-liver oil, consumption was almost regarded in the

same light, we surely need not yet despair of finding some substance which may destroy and eliminate what is noxious, or supply what is deficient, and so bring this intractable disease within the proper sphere of therapeutics."

RAVAILLE, N. J., *March*, 1855.

ART. VII.—*Post-mortem Examination in the Case of Unnaturally Prolonged Utero-gestation, reported in the March Number of this Journal.*

WHITE HOUSE, *March* 16, 1855.

S. W. BUTLER, M. D.

DEAR SIR: Dr. Honeyman has politely furnished me with the autopsy of Mrs. Marian Alpaugh, the patient whose case is related on 112 and following pages of the last number of the REPORTER, which I now present to its readers.

"The body was opened thirty hours after death by Drs. Blake and Honeyman. As the friends were collecting to attend the funeral, a hurried examination was made, and no notes taken on the spot, but they jointly aver the following to be the condition of things:—

"Body very much emaciated; lower extremities and cellular tissue of the loins quite infiltrated and anasarcaous; the child was contained within the uterus—presentation of the head; the uterine walls were nearly of the ordinary thickness at full time—adhesions many, and quite firm between the uterus and abdominal walls (peritoneum); no attempt at ulceration in any part of the uterus discovered. The child was of the usual length. When taken out of the uterus and held up by the head, to convince the friends that the body contained a real foetus, it resembled a natural skeleton—the muscles and all the soft parts being nearly absorbed; the bones were held together by the natural ligaments. The bones of the scalp separated readily on handling. No placenta or umbilical cord was observed.

"Dr. Blake authorizes me to say that the above are the facts of the case. You will use them as you think best in drawing up the statement for publication."

The foregoing interesting communication was not received by me until some time after I had forwarded my article for publication in the *REPORTER*.

In addition, permit me to say—Dr. Blackfan states that the pains which Mrs. Alpaugh had when he was called in, had no effect upon the os uteri, and I was mistaken in saying that they never returned—they did return in a slight degree the following night, but never afterwards. The lactation which followed was abundant, and one of the mammæ suppurated. There was a gradual subsidence of the abdominal tumor—the primæ viæ were frequently disordered—the patient became anemic from deficient nutrition—the feet became œdematous—pains resembling rheumatism affected her loins and thighs, and slow hectic was established.

Very respectfully,

WM. JOHNSON.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. VIII.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D. (of Demilt Dispensary, 23d St. and 2d Avenue), Secretary of the Society.

REGULAR MEETING, Jan. 24, 1855.

Infant Mortality—its Increase.—DR. CLARK, in connection with the cases of atrophy and deaths from inanition presented by Dr. Finnell at last meeting, read statistics showing the great increase of mortality in children under five years of age—the deaths at the present time being nearly twice as great in proportion to population as they were fifty years since. He thought the matter demanded careful inquiry, and should be submitted to the city authorities.

DR. HOLCOMB moved that Dr. Clark be requested to draw up a statement in accordance with these facts, and that the same be presented to the corporate authorities.

Adventitious Growth.—DR. CLARK presented the adventitious growth removed by Dr. Kissam from the *other ear* of the case exhibited by him at the previous meeting. The same appearance existed as in the other case, with the exception that the under

surface was covered with cerumen. The sense of hearing was entirely restored.

Aortic Aneurism.—Dr. CLARK presented the heart, lungs, aorta, and trachea of a man who was an inmate of Bellevue Hospital laboring under aortic aneurism. The disease was recognized. The aorta could be felt distinctly pulsating. There was no bruit. His general health was tolerably good: was at times subject to attacks of dyspnoea, which became more frequent and prolonged. During one of these paroxysms he suddenly died. Ten days before death he raised blood copiously. *Post mortem* revealed aneurism of the aorta. The clot was of considerable size, and the tumor adherent to sternum. On the posterior face of the aneurism was the trachea, in which were two ulcerations, communicating directly with the aneurismal tumor. Several smaller ones were on the trachea, which seemingly commenced on the mucous membrane. The lungs showed the well-marked appearance of pulmonary apoplexy. Scattered over their surface were masses of various sizes, of a dark red color, occupying about two-thirds of the lung tissue.

A healthy looking kidney not always healthy.—Dr. CLARK also exhibited a kidney which to the eye seemed perfectly healthy, but microscopic examination showed its substance to be filled with fatty globules, small, but very numerous. He cited this as another illustration of the fact that the unassisted eye was not always sufficient to detect disease of this organ.

Effusion and clot on the Brain.—Dr. CLARK presented for Dr. Matthews the brain of a man, who became suddenly insensible in the street, one month since. On recovering from this condition, it was found that he was paralyzed on the left side. He continued in this state, scarcely ever speaking, doing whatever he was told, being nearly half stupefied. He became comatose two days previous to death. *Post mortem* examination showed the existence of a moderate sized clot in right lateral ventricle, over the optic thalamus. The clot had lost its dark color. The small additional effusion, which probably occurred two days previous to death, was doubtless the immediate cause of death.

Dr. CLARK also presented from Mr. Trainor, the brain of a man, the inmate of one of our charities, who was not regarded as being very sick. He was employed in working about the institution. On Thursday last, he was disinclined to work, and there was observed an unusual brightness of the eye. On Saturday the same state continued. At night he was very wakeful, and towards morning was reported as dying. On being visited, he could give no account of himself. No pulse could be felt. Croton oil was administered, which produced several operations. He gradually grew comatose, and died on Sunday. The *post*

mortem examination gave evidence only of intense redness, blood being effused under the arachnoid membrane.

Adventitious Growth again.—Dr. HOLCOMB mentioned two or three cases he had seen in Dr. Wild's wards similar to the foreign growths removed by Dr. Kissam from the ear of a lady. Dr. Peaslee remarked, that it was a matter of much practical importance and interest whether a veritable growth alone, independent of a diseased state of the cuticle, could cause deafness; for sulphurous acid gas, which is well known to be destructive of all the fungi, would cure it. Dr. Clark said that it was a subject for future observation.

Atheromatous Deposit.—Dr. CONANT presented the heart, and arch of the aorta of a female having an atheromatous deposit above the valve of the aorta. He thought it interesting as to what influence the deposit exerted in causing roughness. Dr. Clark did not think it could produce any very marked unusual murmur, or sound, and supposed the murmur was caused by a little aneurismal expansion behind one of the valves.

Pelvic Abscess.—Dr. PEASLEE presented two uteri with the related parts, showing the effects of pelvic abscess. The first was from an Irish woman, unmarried, 24 years of age, of very fair complexion, who, fourteen weeks before death, was under treatment in the country by a physician, who told her that she had disease of the uterus. Six weeks before death, she was attacked with dysentery, as was believed, and two weeks after this, was admitted into the Cholera Hospital under the supervision of Dr. D. S. Conant, to be treated for cholera. The symptoms of that disease were soon relieved, but she died in four weeks of continued symptoms of dysentery. *Post mortem.* The colon was found intensely inflamed throughout. The present specimen shows the uterus anteflexed, and inclined to the left, and the rectum, at its upper part, depressed, and inclined to the right. The cavity of an abscess exists under the right Fallopian tube, and ovary, extending behind the displaced uterus (the abscess being doubtless the cause of the displacement), and opening into the rectum at its upper extremity, this being drawn down, and displaced to the right as already described. The right ovary is atrophied to less than half its usual size, but not structurally implicated in the abscess.

The *second* specimen was obtained from a subject on the dissecting table, nothing being known of the case, except that the woman died in a jaundiced state, and had a fatty liver, as well as the pelvic abscess about to be described. A large abscess is found almost entirely to have destroyed the substance of the left ovary, and this had discharged by several small openings, apparently into the *cul-de-sac* between the uterus and the rectum. Inflammation of the peritoneum thus ensued, the effect of which

was to glue the small intestines in a mass across the pelvis, and thus roof over the *cul-de-sac*, and prevent the matter escaping among the convolutions of the alimentary canal. Finally, the matter thus confined had been discharged through an opening four lines in diameter, into the vagina at the bottom of the *cul-de-sac*; and through two smaller openings into the rectum also, three and a half inches above the anus. A layer of exuded plasma still covered all the surfaces forming the boundaries of the cavity in which the matter had passed from its original place of formation. Dr. Peaslee remarked that these specimens had presented to him several points of interest. He had seen five cases of pelvic abscess within the past nine months, with whose history he was familiar. The patients were all females, four of them being unmarried, and the other (36 years of age) not having borne a child for the last seven years. In all, the disease dated from some unusual exposure at the time of the catamenial flow. In every case symptoms occurred, which might naturally enough have been attributed to dysentery alone, had not the true nature of the disease been ascertained; and in every case, matter had been evacuated by the rectum. In one case it was said to have been passed from the vagina also; but from the very frequent mistake of mere vaginal mucus or a common leucorrhoeal discharge (purulent, or otherwise) for matter discharged from an abscess, we may doubt if this was the fact. The second specimen just shown, demonstrates the possibility of a discharge through both the rectum and the vagina at the same time. The discharge in the five cases occurred in from three to five weeks after the first inflammatory symptoms were developed.

We may learn practically from these specimens, the propriety of seasonably opening a pelvic abscess, either from the vagina or the rectum according to circumstances; so far as its mere evacuation is concerned. And in this point of view merely, it should be opened from the one of these two canals in which fluctuation is most distinct.

There is another point of view, however, Dr. Peaslee remarked, in regard to which the point selected for the opening is of very great importance. He alluded to the ultimate effects of a spontaneous opening into the rectum in producing a *stricture of that canal*. In three of the five cases alluded to, a stricture occurred in consequence of the opening into the rectum. In one of these Dr. Peaslee was at first led to suspect scirrhus, but the treatment adopted has removed all suspicion of any malignant disease. In another case, now under treatment, he would have made the same mistake were it not for his previous experience. In this last case, the stricture would not allow a No. 7 catheter to pass through it. Dr. Peaslee divided it freely with a bistoury, and now (at the end of two weeks) it admits a bougie one inch in diameter.

In these three cases the stricture commenced within four inches of the anus. With a view to avoid this ultimate effect of a pelvic abscess discharging into the rectum, Dr. Peaslee thought it better, if fluctuation could be felt from the vagina, to withdraw the matter through that canal. A stricture would be less likely to form, doubtless, if an abscess were seasonably opened, than if left to open spontaneously; but if a stricture is to occur, it would, under most circumstances, be desirable in the vagina, rather than in the other canal. While suggesting this operation, instead of the opening from the rectum, Dr. Peaslee would also say in regard to the suggestion made by Dr. Sayre at the last meeting (as Dr. Peaslee was not then present) to open from the vagina in some cases of ascites, instead of the usual operation through the linea alba—that a patient of whom he had the care, in part, had been tapped five times in this way: and that the puncture through the *cul-de-sac*, between the uterus and the rectum, had always healed at once, without the least difficulty, the patient having been kept in bed four or five days after the operation. At one of these tapplings 106 lbs. of fluid had been withdrawn, and 103 lbs. at another.

Congestion of Stomach.—Dr. FINNELL presented the stomach of a man twenty-four years of age, of robust constitution, who had been drinking excessively for the last ten days. At one P. M., to-day, he was found dead in bed. The stomach was found intensely injected, [and contained] abundant, thick, tenacious mucus, and was much contracted. Dr. Clark remarked that, from his observation, it was “raw rum” only, which caused that intense, red congestion, similar to the specimen before the Society. He doubted its being inflammation, and thought the appearance would have subsided had he lived twenty-four hours longer. Evidences of gastritis rarely existed after hard drinking. Dr. Cox mentioned a patient, at present under his treatment, who had been indulging freely in drinking. He vomited blood; no tenderness of the stomach existed, and he thought that it was not inflammation, but simply congestion. Dr. Peaslee considered vomiting of blood as the best thing that could happen, as a means of remedying inflammation. Dr. Clark observed that the “rum stomach” so called, was only induced by the continual irritation of frequent stimulants, and that the cause of congestion must be repeated to induce that appearance.

BIBLIOGRAPHICAL NOTICES.

- ART. IX.—1. *Proceedings of the Connecticut Medical Society for the years 1851, '52, '53, and '54.* Hartford: Press of Case, Tiffany & Co.
2. *Transactions of the New Hampshire Medical Society.* (Sixty-fourth anniversary), held at Concord, June 6th and 7th, 1854. Concord: McFarland & Jenks, 1854.
3. *Transactions of the Medical Society of the State of New York,* at its annual meeting in the city of Albany, held February, 1854. Albany: Charles Van Benthuyssen, 1854.
4. *Transactions of the Medical Association of Southern Central New York,* at the eighth annual meeting, held at Homer, June, 1854. Auburn: Wm. J. Moses, 1854.
5. *Transactions of the Belmont Medical Society.* Bridgeport, Ohio: J. G. Affleck, 1854.

WE are under obligations to attentive friends in Connecticut, for sending us the transactions of the Medical Society of that State for the past four years. Having carefully perused these transactions, we have been very favorably impressed with the intelligence and industry exhibited through them by our Connecticut brethren; and there is a neatness and order, both in the printing and in the entire arrangement of the transactions which does credit to the Society. From the amount and character of the business transacted, we infer that there is a system and intelligence in the manner of conducting the meetings of the Society, which we heartily wish could be imitated in some other of our medical organizations.

We have heard it remarked that Dr. Jonathan Knight, of New Haven, is the best President who has ever presided over the deliberations of the American Medical Association. If such is the case, may it not be in part, at least, attributable to the system and order to which he has been accustomed in the meetings of the society of his own State?

In one of these reports we find an address by the late George Sumner, M. D., on the early Physicians of Connecticut. A few short extracts will be interesting:—

Medical Licenses in the olden time.—"In the year 1652, the general court granted the first medical license by which Thomas Lord was authorized to practice physic and surgery in Hartford and the adjoining towns. Thomas Lord belonged to a good family—was at times employed as a schoolmaster; had paid some attention to the mysteries of the healing art, and was probably as well qualified to practice medicine as any other member of the colony. Fifteen pounds was to be his annual salary, so long as he devoted his time and attention to the sick and suffering members of the colony. The fee-table of Dr. Lord, as established by the General Assembly, he having promised to charge no more, deserves to be transcribed for your especial notice."

"Thos. Lord having engaged to this court to continue his abode in Hartford for the next ensuing year, and to improve his best skill among the inhabitants of the towns upon the river, within this jurisdiction, both for setting of bones and otherwise, as at all times, occasions and necessities may require: This court doth grant, that he shall be paid by the country the sum of fifteen pounds for the said ensuing year, and they also declare that for every visit or journey, that he shall take or make, being sent for, to any house in Hartford, twelve pence is reasonable; to any house in Windsor, five shillings; to any house in Wethersfield, three shillings; to any house in Farmington, six shillings; to any house at Mattabesec or Middletown, eight shillings (he having promised that he will require no more), and that he shall be freed, for the time aforesaid, from watching, warding and training, but not from finding arms according to law."

In those early times, physicians often performed the duties also of clergymen and magistrates. The following brief history shows how ably the duties of the three offices were discharged by one gifted man:—

Clerical Physicians—Dr. Bulkley.—"The character, family, and fame of Gershom Bulkley are worth consideration. He was the son of Rev. Peter Bulkley, an emigrant from England who settled at Concord, Massachusetts. Dr. Bulkley was born in 1635, while his parents were on their voyage from England to this country; graduated at the College in Cambridge—married the daughter of Rev. Doct. Chauncey, and was regarded as one of the most distinguished men of the county. He pursued the study of divinity and medicine for a few years, and then removed to Connecticut. After this he was the pastor of the churches at New London and at Wethersfield, for about twenty years. In the meantime the colonial government raised a force of three hundred and fifty men, to resist the aggression of their Indian neighbors. Mr. Bulkley was chosen surgeon of the forces, and appointed one of the council of war. He then relinquished his ministerial duties, and was released from the obligations of his pastoral office—received a license to practice medicine in the colony; removed to Glastenbury, and devoted the last thirty years of a useful life to the cares and responsibilities of the medical profession. To chemistry with its useful researches, to alchemy and its visionary speculations, and to philosophy as a cardinal branch of medical knowledge, he was much devoted; and his laboratory was well furnished with retorts, crucibles and all the apparatus for performing experiments, and he was particularly eminent for his skill in chemistry. His children were respectable in their character and connections, and all settled around him. One son was the physician of Wethersfield, and died early in life; one was a clergyman and physician in Colchester, where he became eminent in both professions; and one was a farmer and magistrate in his immediate neighborhood. His daughters were all married, and their children became the comfort and solace of his old age. He was also a magistrate, who maintained the

dignity of his station, while he dispensed charity to the weak and justice to all; his opinions were always received with great respect.

It is worthy of notice that the first case of medical jurisprudence in the colony—perhaps the first in the country—was referred to him for an opinion.

Mary Brown, of Wallingford, was brought to trial for the murder of her son: as it was known that she had been subject to paroxysms of insanity, the court and the jury were in some perplexity relative to their own course of proceeding. To release themselves from this embarrassing position, the court granted leave to the jurors to consult the most learned men in the colony and obtain their advice. They applied to Dr. Bulkley, whose character as a divine, whose opinion as a physician, and whose judgment as a magistrate, were all held in high estimation. The following is the summary of his opinion: 'If she were not *compos mentis* at the time of the fact it is no felony, and consequently no wilful or malicious murder; and if she be known to be a lunatic, though she have her lucid intervals, there had need be very good and satisfactory proof that she was *compos mentis* at the time of the fact committed, for the law favors life.' The legal opinion from which the above extract is taken was in advance of the age, and probably averted the doom of the unhappy woman who was on her trial for the murder of her child."

"Dr. Bulkley died at Glastenbury in the year 1713, at the age of 78. From an inscription upon his 'obscure and modest gravestone' in the churchyard at Wethersfield, it appears that he was regarded as a man of rare abilities and extraordinary industry—excellent in learning—master of many languages—exquisite in his skill in divinity, physic and law, and of a most exemplary and Christian life."

We are not sure but the Connecticut "General Assembly" was, at this time, more faithful to the interests of the science of medicine than many of our *medical colleges* are at this day, as it seems to have been no easy matter to procure a license "to practice physic and chirurgery" from the Assembly. As an instance, Wm. Blogget, of Plainfield, applied for a license in 1721, highly recommended by many of the residents of Plainfield and Canterbury, where he had practiced "sundry years" to the great satisfaction of the people, supported also by "the judgment and approbation of divers able doctors in the neighboring governments." But, unfortunately for poor Blogget, his petition showed "plainly enough that he was an illiterate man, who could not with propriety be reckoned with the members of any learned profession," and his petition was refused. We think Blogget would have been "put through" by one of our medical colleges, and certainly by the legislature of this State.

There was another mode of licensing practitioners in those days, which, however, did not carry the weight and authority that a license from the General Assembly did. The following will serve as a specimen:—

Certificates.—"This may certify whom it may concern that I y^e subscriber for two years time have given Thomas Thompson at Farmington sundry

directions in y^e mysteries of physick and chirurgery and doe find that y^e said Thompson hath made a considerable progress in said arts and withal finding him to be very careful in his practice and administration—doe judge him to be a man as likely to do good in said mysteries as any man I know of that is not advantaged with college learning.”

“Farmington, March y^e 29th, 1703.

“THOMAS HASTINGS, licensed phisician, &c.”

“This may certify that I the subscriber do judge the above said Thos: Thompson has a considerable insight in the art of physick and chirurgery and has for many years practiced the said art and with good success in his administrations.

“Farmington, May the 12th, 1721.

“SAMUEL PORTER, allowed chirurgeon.”

In the proceedings of 1854, we notice among the “resolutions now in force,” one to the effect that clergymen “should be charged the same fees as other citizens, and that it shall not be considered dishonorable to collect the same.” Time was when the office of the clergyman was almost uniformly associated, in the minds of medical men, with all that was self-sacrificing, reverential and holy. But, so many clergymen have of late years stepped down from the dignity of their office, to employ, recommend, advertise, and *preach in favor of* some favorite form of quackery, that medical men are beginning to weigh the obligations that exist on their part towards them as a body. We have no doubt that in this matter a few indiscreet individuals, to use the mildest term—do injury to the whole body of the clergy.

The Dissertation for 1854, by Wm. B. Casey, M. D., of Middletown, on “*some diseases of the cervix uteri*,” is an exceedingly interesting and practical paper. Dr. Casey is very properly, we think, an advocate of the moderate use of the speculum uteri. Speaking of the ailments to which pregnant women are liable, Dr. C. uses the following language:—

Complaints of Pregnancy.—“My brethren of the Society will pardon me for expressing the opinion, that pregnant women receive too little consideration and treatment at the hands of our profession. We are, perhaps, too apt to consider the ailments to which such women are subject, as merely ‘symptoms’—as something which is a natural and necessary consequence of gravidity, not requiring, and not to be benefited by any medical treatment. And herein I think we labor under an erroneous belief; and am well persuaded that a ‘masterly inactivity’ in many of these cases, does injustice not only to our suffering patients, but to our own professional skill and remedial means. I am well satisfied, that the excessive nausea—with which some females suffer from the very moment almost of conception—the uterine pains—the vesical and vaginal irritations—the leucorrhœa—the ten thousand little difficulties with which a poor woman ‘in the family way’ is afflicted, are not only symptoms, but often morbid symptoms; and that when applied to for their relief

or mitigation, we should not content ourselves with prescribing some simple *placebo* to amuse the patient's mind, and keep up her spirits merely, but should take such measures for her effectual relief, as we would adopt under other and ordinary circumstances."

"Furthermore, I have very little doubt that nine-tenths, or at all events, a very large proportion of the abortions and miscarriages which take place, are due to actual disease of the cervix uteri; and that many of these 'accidents' might be prevented by timely and proper application to the part diseased. Nor is this a matter merely of opinion: its truth rests upon the observations of numerous careful and skilful practitioners; and I can draw upon my own limited experience for facts which prove the truth not only of the main proposition, but of its adjunct also; for I am quite sure that I have in several instances, by appropriate topical treatment, prevented the occurrence of this much to be deprecated misfortune."

In regard to displacements of the uterus, Dr. Casey says:—

Displacements of the Uterus.—"It was no part of my design to say much with regard to the displacements of the uterus, although, entertaining as I do the idea that displacement seldom occurs unconnected with disease of the organ, I might with propriety have devoted some moments to its consideration. I am quite satisfied that many of the symptoms attributed to prolapsus uteri; such for instance as pain in the back, a bearing down sensation, vaginal discharge, irritable bladder, &c.—depend frequently more upon congestion of the organ than upon a simple change of its position. How few women, indeed, are there, who have borne children, in whom the womb retains its natural situation! But further, it is very often the fact that in cases where the symptoms referred to are most urgent and distressing, the degree of displacement is very slight and almost inappreciable; while on the other hand, as I have more than once seen, a woman shall have so great a degree of prolapsus, that the neck of the womb fairly protrudes between the labia, and yet she is able to take long walks, and even perform much actual labor with but very little trouble or suffering."

There is one fact in connection with the topical treatment of diseases of the neck of the uterus which Dr. Casey states as follows:—

Effect of local treatment on sterility.—"All physicians who have paid much attention to uterine diseases, and especially to the treatment of these by the modern method, cannot but have noticed that many of their patients previously, or for a long time before, sterile, have, soon after undergoing the topical treatment recommended in this essay, conceived, and gone safely through the period of gestation. Now if this proves anything, it shows the beneficial influence of local remedies upon the diseased structure and organ. The uterus, when much affected by disease, is not very apt to discharge its physiological duties with regularity and certainty; and when, after a long recusance of these duties, it again takes on and performs its proper functions, I think the fact furnishes tolerably strong evidence that a change for the better has been effected; and if we are ever right in arguing '*post hoc, ergo propter hoc*,' certainly this immediate connection between cause and effect manifested in the treatment of diseases of the cervix by direct local application, pretty thoroughly establishes their present power and permanent utility."

And in conclusion, he says:—

Perseverance in Treatment recommended.—"I should not have satisfactorily performed the duty which I assigned myself in the selection of my subject,

were I to omit a caution, especially needed in the management of uterine diseases; and that is, not to consider them cured, when only partially relieved. Perhaps in no class of cases is there a stronger tendency to relapse than in those of which I have been speaking. The physician should therefore be quite sure that every vestige of disease is removed, before he pronounces his patient well; and even then he should charge her particularly to use great care in avoiding undue exertions, and all other causes which he knows may be likely to induce a return of the complaint. The locality of the disease, and the peculiar nature of the treatment, are such that both physician and patient are anxious to get through with it as soon as possible; and doubtless, in some instances the practitioner may fail to effect a radical cure for want of sufficient perseverance in the course commenced. I allude to this, because it is not unlikely to occur, and possibly an objection to the method of treating these diseases might be taken from the fact that it had sometimes failed in its object, when in truth the reason for its failure was to be looked for in its premature discontinuance."

The *sixty-fourth* annual meeting of the New Hampshire Medical Society was held at Concord, on the 6th and 7th of June last. The proceedings evince a good deal of industry and effort on the part of the members to advance the interests of medicine in that State. This seems to be the first year that the transactions have been published in full for distribution. The President, Prof. Albert Smith, M. D., of Dartmouth College, delivered an instructive address on "*Conservatism in Medicine.*" Andrew McFarland, M. D., Physician and Superintendent of the Illinois State Hospital for the Insane, pronounced an oration before the Society on "*The Poetry of the Medical Profession.*" Our author finds more poetry in the medical profession than we ever gave it credit for. He must have been a fortunate man—plenty of money to "start" on—well paid—and no long country rides o'dark, stormy nights! Dr. Wm. H. H. Mason furnishes a dissertation on an important subject, viz: "*The necessity of a knowledge of the chemical changes that take place in the human body while in a state of disease.*"

The Medical Society of the State of New York met at Albany Feb. 7th, 1854, and adjourned on the 9th. We perceive by the minutes that an improved plan of reporting was adopted, by which it is intended to insure special reports on various subjects, including the department of epidemiology. It has been customary for the Society to appoint a committee to attend upon the examinations in the medical colleges of the city of New York. This committee received prompt invitations from the College of Physicians and Surgeons, and from the New York Medical College, to

be present at their examinations; but the faculty of the medical department of New York University in a written communication refused this privilege to the committee, assigning as reasons for the refusal the embarrassment which the presence of the committee would occasion to the students—the uncertainty of the uniform attendance of the examiners—the danger of a conflict of opinion between the faculty and the committee as to the qualifications of the student, and the special position occupied by the college in relying for support not on the profession of the State of New York alone, but on that of every State of the Union; if, therefore, the student should be examined before a mixed board, that board should consist of an equal number of delegates from every State of the Union! As will be easily perceived, these reasons are a mere begging of the question. The medical department of New York University has uniformly, we believe, arrayed itself in opposition to the recommendations of both the Medical Society of its own State and the American Medical Association. Whether the sober second-thought of the profession will sustain it in such a high-handed course remains to be seen. We hope that its course will be changed before it receives a stern rebuke by the desertion of students from its halls until it shows some respect to our medical organizations. By the adoption of the following resolution, it will be seen that the Medical Society of the State of New York emphatically condemns its course:—

Resolved, That the refusal of the University Medical College of New York City, to admit the committee appointed by the State Medical Society, in 1853, to be present at the examination of their students for medical degrees, is uncourteous to the Society; the reasons assigned unsatisfactory, and the effect upon the medical profession, injurious.

The resolution was adopted, and delegates were requested to call the attention of county societies to the subject. Adopted.

The President chose as the subject of his address "*The claims of the Medical Profession.*"

Dr. W. H. H. Parkhurst, of Herkimer County, communicated a paper of uncommon interest relating a case of

Extra-Uterine Conception.—The facts of the case are briefly these: "Rebecca Smith was born in 1775; was married in 1795 to Amos Eddy. In 1802, she became pregnant. The symptoms attending the early stages of her pregnancy were not uncommon. As the different months passed away, quickening took place at the usual time, and after that, motions of the child were felt during the remaining part of nine months. At the expiration of eight months and a half, while preparing a boiled dinner in a large kettle

suspended from a crane over the fire, the hook gave way suddenly, precipitating the kettle with its contents into the fire, scattering the latter in every direction. Of course such an occurrence would produce fright and consternation, particularly on a woman in the situation of Mrs. E.; the consequences of which was, that in two or three hours labor pains came on; her physician was summoned, who told her that he thought the labor could not last more than three hours. The pains, however, gradually subsided, and the doctor was never again summoned. From this time Mrs. Eddy's health failed, and she was confined to her bed altogether. A consultation was called of the most eminent medical men whose services could be obtained, who united in the opinion that the case was not one of pregnancy, but of some peculiar uterine growth. At the expiration of about one year and a half, after the most severe suffering, her health began slowly to improve. During her illness she became greatly emaciated, though her bulk of abdomen did not very much diminish. After she had recovered sufficiently to enable her to travel, she consulted physicians wherever she could find skill, or hear of medical men that could possibly remove the many doubts of her case. It was all, however, to no purpose, as her case remained an enigma during the time that intervened between her recovery and the time of her death: she enjoyed the most perfect health, with the exception of occasional attacks of severe colic and a spasmodic contraction of the abdominal muscles, often requiring the attendance of her physician. She however affirms that she felt the motions of the foetus for many years after the expiration of the ordinary time of utero-gestation. After she recovered her general health, the secretive function of the uterus became re-established, and continued in a regular and healthy manner until the usual period of about forty-five, when it ceased in the usual gradual way."

"This woman would carry her burden, and do the ordinary business of her household, and endure it with perfect ease. She died with chronic diarrhoea in 1852, aged seventy-seven. At the age of seventy-six she would walk five miles to the village and back, as quick as any girl at the age of twenty; and this she would do as often as every two weeks, in good weather."

"The report of the post-mortem examination is very meagre. A perfectly formed child, weighing six pounds, was found, having no adhesions or connection with the mother, except to the *Fallopian tubes*, and the bloodvessels which nourished it, which bloodvessels were given off from the mesenteric arteries. The tumor had become encysted, being almost entirely enveloped in a firm, dense cartilage."

Dr. Alden March communicates a practical paper on Penetrating Wounds of the Abdomen, with Punctured Wound of the Intestines, and on Penetrating Wounds of the Larynx.

Dr. Samuel Shumway has a paper from which we quote a few sentences:—

Dislocated Femur—Reduction.—"On further examination, we found an extensive contusion on the fore part and inside of the thigh, near the groin, and also a dislocation of the femur, backward and upward, on the dorsum ilii.

We then administered ether, so as to blunt sensibility without producing full anæsthesia, and proceeded to reduce it, in a way which I had practiced before (to wit), by flexing the leg on the thigh, the thigh on the pelvis, diagonally to the opposite side, thus using the femur as a lever, and the trochanter as a fulcrum, to throw the head of the bone on a level with the margin of the socket; and then, by a sweep outward and downward, throw the head of the bone into the socket.

Remarks.—I have reported this case not so much for any novelty there is in it, as to give due credit to the source of my information.

It was my privilege to attend, in the session of 1815-16, the lectures of that veteran, common-sense surgeon, Dr. Nathan Smith, at the medical department of Yale College, where I saw him demonstrate to his class, on the skeleton, this mode of reducing a dislocated femur.

It will be recollected that, at the annual meeting of this Society, in 1852, a paper was read, purporting to be from Dr. Reid, of Rochester, in which he demonstrates very scientifically, this mode of reduction, and I think, distinctly claimed it as a discovery of his own; and the claim seemed to have been conceded by the distinguished surgeons who examined, and reported on the paper.

It is conceded that it is no detraction from the merit of a discoverer, if his discovery was made prior to or simultaneously by another person, without any concert, or knowledge of each other's investigations; but it is a remarkable instance of the snail pace, and difficult diffusibility of truth, if a discovery can be made, and publicly taught to numerous classes, and those classes scattered all over the country, and, after a lapse of forty years, this same discovery should be put forth as new, and received as such in the highest circles of science."

Dr. J. V. P. Quackenbush, in an address communicated by the Albany County Medical Society, has some well-timed remarks on *Prolapsus of the Bladder in Pregnancy*, and the danger of interfering with "tumors" that occur in the vagina during the period of utero-gestation. These "tumors" may in most cases be cured by the catheter.

The Onondaga Medical Society communicates an interesting address by its President, Dr. Jonathan Kneeland, entitled "*Aids to Medical Improvement.*" He mentions particularly, as aids to medical improvement, the principle of association, the cultivation of close and accurate attention and observation, and pathological investigation. We like to see such sentiments diffused as are advocated by Dr. Kneeland in this essay.

Although comparisons are odious, we feel compelled to say that the Transactions of the Medical Association of Southern Central New York, compare favorably with those of any medical organization that we are cognizant of. If we were called upon to locate on earth a place that accorded with our idea of a paradise for physicians—a place where it is nature for doctors to agree, we would take the map, and draw a chalk-mark around the counties of Tioga, Tompkins, Chemung, Cortlandt, Broome, and Schuyler in the State of New York. We confidently predict the utter extermination of every species of quackery in that locality ere long. We cannot see how it can be otherwise with such a profession as

they have there, and we trust that no apple of discord will ever be thrown into their midst to mar the harmony that appears now to exist. As an example of the spirit of the Society, read the following from the minutes, being a *portion* of an afternoon's work:—

"Dr. N. R. Derby communicated, through the Secretary, a report on the Surgery of Chemung County.

Dr. P. B. Brooks read a series of cases in Surgery, which had occurred in his own practice.

Dr. Jerome presented a list of Surgical cases by Dr. Laning, also a detailed account of some of his own cases in that department.

Dr. Laning read a report on the Epidemics, &c., of Tompkins Co. Dr. Eldridge read a communication on the same subject.

Dr. Eldridge read the history of a case of Puerperal Convulsions, and also one on Membranous Croup.

Dr. Laning communicated a case of Sloughing of the Caput Coli.

Dr. Swain read the history of a case of Typhoid Fever.

A case of Traumatic Phlebitis was communicated by Dr. Daniel Holmes, of Pa.

Dr. L. H. Allen communicated through the Secretary, a case of Neuralgia.

Dr. N. R. Derby communicated a case of Hypertrophy of the Heart, with Dilatation."

The President, Dr. Frederick Hyde, read an excellent address before the Society, and a "large audience" of ladies and gentlemen. His subject was *The importance of the Study of Anatomy and Physiology*. Dr. Hyde very earnestly, and we hope effectively, advocated the popular diffusion of a knowledge of these branches of the science of man.

Dr. Nelson Nivison communicates a paper on *Opium and the Sulphate of Quinine as remedial agents*. It is principally in that large and almost unclassifiable catalogue of diseases denominated *fevers*, that he discusses the employment of these agents. The doctor regards the function of innervation as at fault in nearly or quite all the various forms of fever, and a judicious use of opium and quinine, separately or in combination, is recommended for the purpose of combating the symptoms. And "at the hazard of being thought fanatical," Dr. N. advocates the use of these agents in the phlegmasiæ. "We have," says he, "the temerity to assert that we have cured pleurisy, pneumonia, peritonitis, and kindred diseases with these remedies." Views in accordance with the sentiments advanced by Dr. N. have been rapidly gaining ground in the profession of late.

We would gladly go through this volume, and remark on each

paper separately (for they all possess value), but neither time or space will allow. There were *fifteen* essays read before the Association besides the President's address. If any of our readers know of a medical society that can beat this, we should like to be informed of it.

The Medical Society of Belmont County, Ohio, annually sends forth an excellent report of its sayings and doings. *Ten* essays were read before it at its last annual meeting.

On the efficiency of its medical organizations rests the hope of our profession.

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- ART. X.—1. *Annual Report of the officers of the New Jersey State Lunatic Asylum, at Trenton, for the year 1854.* Trenton, 1855.
2. *Second Biennial Report of the Board of Managers of the Missouri State Lunatic Asylum.* Jefferson City, 1855.
3. *Report of the Pennsylvania Hospital for the Insane, for the year 1854.* By THOS. S. KIRKBRIDE, M. D., Physician to the Institution. Published by order of the Board of Managers: Philadelphia, 1855.
4. *Reports of the Trustees and Superintendents of the Butler Hospital for the Insane, presented to the corporation at their annual meeting, Jan. 24th, 1855:* Providence, R. I., 1855.
5. *Twelfth Annual Report of the Managers of the New York State Lunatic Asylum.* Transmitted to the Legislature January 17th, 1855: Albany, 1855.

ACCORDING to the census of 1850, there were at that time within the limits of the United States, 15,768 insane, and 15,706 idiotic persons, making an aggregate of 31,474 of this unfortunate class of our fellow men for whose welfare every dictate of humanity impels us to provide. Happily for them, the benign influences of the Christian religion have taught mankind in that portion of the world where most of these unfortunates are found, to make provision for the comfort of those who are incurable, and the treatment of those whose cases are amenable to treatment. Most of the States of the Union have large and well built asylums for the treatment of the insane, where they receive every attention calculated to ameliorate their sad condition.

The following tables will exhibit the facts of most general interest in relation to the various asylums whose reports lie before us:—

Number of Patients.

DATE OF REPORT.	N. JERSEY.	MISSOURI.	PENNA.	R. I.	N. YORK.	TOTAL.
	Jan. 1, 1855.	(2 years.) Nov. 27, 1854.	Jan. 1, 1855.	Jan. 1, 1855.	Nov. 30, 1854.	
Patients in the Asylum at date of last Report . . .	205	62	235	186	446	1084
Received during the year . .	128	128	178	80	890	894
Under treatment during the year	328	185	413	216	836	1988
Discharged recovered during the year	57	48	98	40	164	402
Discharged improved during the year	29	7	32	20	42	180
Discharged unimproved during the year	6	8	15	6	115	146
Died	23	88	26	19	65	171
Total discharged during the year	115	91	190	85	386	867
Remaining at date of report . .	213	94	223	181	450	1111
Asylum opened	May 15, 1848.	—	—	1848	Jan. 16, 1848.	
Whole number received since . .	757	198	2576	668	4318	8502

Sex of those Remaining in the Asylums.

NEW JERSEY.		MISSOURI.		PENNSYLVANIA.		R. I.		NEW YORK.		TOTAL.	
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
108	105	58	41	117	106	54	77	226	224	558	558

These reports do not all contain general statistics of nativity, condition, age, occupation, &c., or we might present our readers numerous interesting and instructive details under those heads.

We hope that none of our readers will, because asylums are provided for the treatment of the insane, neglect to become acquainted with the principles on which a proper treatment is based, as this, in the early stages of the disease, is in most cases under the guidance of the general practitioner.

A comparison of the number of males and females in the several asylums, serves to illustrate the remarkable influence of general laws on mental maladies. This influence would be still better illustrated, had we a larger amount of material to base our comparison on.

* * We have on our table a number of sanitary documents which it was our intention to notice this month, but for want of time and space they lie over.

WORKS IN PRESS.

THAT horrible ogre "the times," which has the past few months *pinched* so many of all grades of society, has not passed by our friends, the publishers; consequently fewer books have been issued of late than usual. However, as times are mellowing, the probability is that we will soon have an inundation.

The few that we have to announce this month, are of general interest to the profession:—

S. S. & W. WOOD of New York will soon issue the following: *Diseases of Women and Children*, by Gunning S. Bedford, M. D.; *The Practitioner's Pharmacopœia and Universal Formulary*, by John Foote, M. R. C. S., &c.; *On Diseases of the Kidney*, by George Johnson, M. D., &c.; *Atlas of Cutaneous Eruptions*, by J. Moore Neligan, M. D., M. R. I. A., with colored plates.

Dr. STEPHEN SMITH, of New York, has an important work preparing for the press, entitled *Medical Jurisprudence in its Application to the Practice of Medicine, Surgery, and Midwifery in the United States*.

LIPPINCOTT, GRAMBO & Co., of Philadelphia, expect this month to issue, in book form, the *History of the American Medical Association*. This history will be accompanied by portraits and biographical sketches of the Presidents of the Association. In this work our readers will recognize in a revised and improved form, a series of articles and illustrations that have appeared in the *REPORTER* during the past fifteen months.

EDITORIAL.

DOMESTIC MEDICINES.

IF mankind, in general convention assembled, were allowed to vote on the question of death, or no death, we have little doubt but the hour of dissolution would be "postponed indefinitely," by a majority that would laugh a veto to scorn. Yet there is no foregone conclusion so inevitable, as that the pathway of life, whether strewn with flowers or thorns, by a descent sometimes gentle, sometimes abrupt, ends in an open grave. This doom, however philosophically met, is met by the larger part of mankind with great reluctance, and the drowning man who catches at a straw, is an apt illustration of the absurd, and irrational attempts often made to prolong life. It is this innate dread of death that has called into being the profession of medicine, and the business of the apothecary. It is this also that has led mankind to torture nature in pursuit of that chimera, the elixir of life, and induced so many mercenary individuals to speculate in human distress and infirmity as ruthlessly as they would in the funds of the stock exchange, if they had the ability. With what success this is done, may be seen in the palaces reared by quackery in most of our large cities.

It is astonishing to what extent the uncertain and often deleterious preparations made by these men, are consumed by all classes of society; and there is no question but such a wholesale consumption of drugs, having no guarantee of their purity or innocuity but that of a single mercenary individual, is calculated to do untold injury to the health of the community. But there is a demand for domestic remedies which these preparations are intended to supply, and the question arises whether this demand can be supplied in a manner that will guard against the venality of using drugs of uncertain properties, or deleterious qualities.

A considerable portion of the time of the American Medical Association is consumed every year in discussing plans for the suppression of quackery. This is certainly a consummation de-

voutly desired by all who have any regard for the welfare of the sick, and the only question is one of expediency.

We respectfully throw out the following suggestions on the subject, premising, that though often thought and spoken of by ourselves, they receive additional force from the action of a committee of the American Pharmaceutical Association, quoted on a subsequent page.

Let a committee be appointed by the American Medical Association, a part of whom should be pharmacutists, or, better, perhaps, let the committee act in unison with one appointed by the American Pharmaceutical Association, whose duty it shall be to draw up a set of formulæ for remedies, calculated to meet the ordinary demands of domestic practice. These formulæ should be adopted by the American Medical and Pharmaceutical Associations, and published for the benefit of all concerned—not excepting the consumer, when he desires to know their ingredients—and they should be as uniformly adhered to as any of our common officinal preparations. The medicines should be put up in uniform style, and issued under the sanction of the American Medical and Pharmaceutical Associations. In this manner the popular demand for domestic remedies will be supplied with medicines whose action can be relied on, and which can be honestly recommended in ordinary cases, by the apothecary, and even by the general practitioner. No countenance should be given by the apothecary, to any of the numerous quack preparations with which their shops are now gorged, and the physician who should soil his fingers with them, should, of course, lose caste immediately.

The apothecary would reap advantage from such an arrangement, as he would prepare the remedies from the crude drugs, and receive all the profits on them, instead of being obliged to divide them with another party, who receives the lion's share.

We believe that the plan suggested above, if properly carried out, would do more towards the suppression of quackery, than any legislative action that can be brought to bear upon it. There are so many who are largely interested in the support of quackery, who, with their sympathizers, would be so restive under any legal inabilities, that if laws were passed bearing upon that

evil, their operation and stability would be uncertain, and their execution most likely unsatisfactory.

INTOXICATING LIQUORS IN MEDICAL COLLEGES.

We believe it was formerly the uniform custom for professors in our medical colleges to furnish intoxicating drinks at the entertainments given to their students. By the following note from Dr. Gilman, which we find in the *New York Daily Times*, it will be perceived that at least one of the colleges in that city has abolished the custom. We understand that the professors in the medical colleges of Philadelphia are also discontinuing the practice. Medical students are exposed to evil influences enough, without being encouraged to acquire a taste for intoxicating drinks by the example of those whom they ought always to regard as models in morals as well as in science.

EDITOR OF THE NEW YORK DAILY TIMES:—

SIR: In your paper, and also in the *Tribune*, I have noticed statements as to the giving of intoxicating drinks to medical students, from which it might be inferred that it was the custom of the medical teachers of New York to place temptation in the way of those whose morals they are specially bound to protect. Now, as to this matter, I wish to put myself and my associates right before the public. I have been connected with Crosby Street Medical School for about fourteen years, and during that time I know that so far as public receptions on New Year's day, class suppers, and the like are concerned, not a drop of alcoholic drink has been by any professor set before his students, and that this course was the result of a formal vote, after deliberate consideration of the whole matter. * * * C. R. G.

MEDICAL GRADUATES OF 1855, IN NEW YORK AND PHILADELPHIA.

The Medical Department of *Pennsylvania College* held its commencement on Saturday, March 3. The valedictory address was delivered by Prof. J. M. Allen.

The degree of Doctor of Medicine was conferred on thirty-three young gentlemen.

At the commencement of the Medical department of the *University of New York*, held on Wednesday, March 7, the degree was conferred on one hundred and six young gentlemen. Of these,

the following were from New Jersey: G. L. Brooks, R. Fenwick, J. W. Howell, J. J. H. Love, J. H. Studdiford, and D. S. Smith.

At the commencement of the *New York Medical College* there were thirty-four graduates. In the class were one hundred and sixteen students.

The Medical Department of *Jefferson College*, in Philadelphia, held its commencement on Saturday, March 10. Of the two hundred and fifty-six graduates, the following were from New Jersey: T. M. Bartolette, E. Bennett, J. P. Cole, J. T. Fisler, and J. R. Shreve.

The matriculating class of the *University of Pennsylvania* numbers 426, and the graduating class 177. The commencement had not been held when we went to press.

The commencement of the *College of Physicians and Surgeons* of New York was held too late in the month to be included in the above list.

PROFESSOR GIBSON.

We understand that this veteran lecturer, who has occupied the chair of Surgery, in the University of Pennsylvania, since the 7th of September, 1819, delivered his valedictory recently. The occasion brought together a very large audience, in the expectation of hearing a historical address worthy of the man; but they were, much to their chagrin, put off with a stale dish of personalities. Who Dr. Gibson's successor will be, has not yet transpired. We wish the system of public *concours* could be introduced into our country in filling vacant professorships.

HOSPITAL FOR WOMEN IN NEW YORK.

We are happy to perceive that the efforts of Dr. J. Marion Sims, of New York, to found a hospital for women, have proved successful. Such an institution has been organized. The officers and Board of Managers consist of ladies of character and standing in the city of New York. The following constitute the Medical Board: J. Marion Sims, M. D., Attending Physician; A. H. Stevens, M. D., Valentine Mott, M. D., Consulting Surgeons; Edward Delafield, M. D., John W. Francis, M. D., Consulting Physicians. These names would give character to any institution, and their influence, with the sympathy and active co-operation of

the Board of Managers, and the material aid which they will undoubtedly command, will, we doubt not, enlist the good will of the whole community of the city of New York, and we will see established, in that city, such a hospital as should be found in every considerable city of the Union.

THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW.

This excellent quarterly should receive the patronage of the profession, certainly until we are able to have a literature of the kind of our own to support. The Review is an ably conducted work, and we believe is the only work of the kind published in the English language. It is republished by S. S. & W. Wood, 261, Pearl Street, New York, at \$3 a-year in advance, postage free to subscribers who pay in advance.

AN EXAMPLE.

February 7, 1855.

"DEAR DOCTOR: In looking over my accounts, I find that I have not paid for the MEDICAL REPORTER for 1854. As the subscription is payable in advance, I owe also for 1855. I inclose \$5 00, which will pay for both years; it being only just, that when the subscription due at the beginning of the year is not paid till the end of it, the sum of two dollars should be increased to three.

"Very truly yours, ——."

Our readers can rest assured that the above is a quotation from a veritable letter we have received, and we place it before them that we may put the action of the writer, who is one whom the profession delights to honor, in contrast with that of some subscribers who have put us to great expense to collect their dues, and others who have sent us notice of discontinuance when they were considerably in arrears on our books. It is not our intention to impose habitually on those of our readers who pay their subscriptions promptly, by occupying space with the business affairs of the REPORTER, but we so often receive bad treatment at the hands of those from whom we ought to look for better things, that we could not well forego so good an opportunity to complain. We hope the example of our friend quoted above will *provoke* some to do us justice.

A Loss.—A correspondent at the South writes: "You may soon look for the discontinuance of the *New Orleans Medical and Surgical Journal* for want of a sufficient list of subscribers." This has been one of our most efficient medical periodicals, and we are sorry at the prospect of losing it. Its late editor, Dr. Dowler,

has issued a prospectus of a new quarterly journal. If there were half the number of journals that there are, they could be better supported, and justice done to editors, publishers, and writers.

Suggestion to Editors.—Might it not advance the interests of medical journalism, and of the profession too, if the editors of our various medical periodicals should meet in convention during the sittings of the American Medical Association in Philadelphia next month? It seems to us that concerted action on certain important points might be agreed upon which would add to the permanence, respectability, and utility of our periodical medical literature.

The Mails.—We have had many complaints of the irregularity of the mails of late, particularly of those going west. We have never known a time when we have had such a demand for duplicate copies to replace missing numbers. The REPORTER is regularly mailed to all our subscribers, but if any fail to receive their copies, we hope they will inform us, and we will endeavor to supply the deficiency.

 The artists have again disappointed us in regard to the portrait of Dr. Wellford, but we feel no disposition to apologize. This number of the REPORTER is sufficiently interesting without a portrait.

 *To Correspondents.*—We have several articles on hand for our next number. See also third page of cover.

Errata.—We have the consolation of knowing that though errors are occasionally detected in our pages, we have acquired a reputation for correctness that we feel somewhat proud of. We are requested to call attention to the following errors in the report of the Standing Committee in the March number of the REPORTER: On p. 179, sixth line from bottom, for "such a one," read "such an one;" on p. 178, twenty-third line from top, "with *jalap* and *ipecacuanha*," read with "*pulv. jacobi* and *ipecacuanha*."

ECLECTIC AND SUMMARY DEPARTMENT.

Report of the Committee on Quack Medicines.—(The Report of this Committee was mislaid by parties in Cincinnati, who obtained it for the purpose of making extracts. The following concluding paragraphs embrace in a few words the most important points contained in it.)

"The disposition to take what are called popular medicines, and the tendency to a belief in their utility, is a fact with which every observer must be familiar, and in view of this strong popular feeling, your committee would suggest :—

"1st. That this desire for medicine can be gratified in a legitimate way by regular official preparations.

"2d. That it is the duty as well as interest of the apothecaries and druggists to advocate the use of the official medicines in lieu of the quackery of the day.

"3d. That it is the rightful interest of regular pharmacentists to divert, in this manner, the thousands which now annually flow into the coffers of quacks, into their own limited stores, where of right it belongs.

"4th. That this can only be done by a united and sustained action on the part of the pharmacentists and druggists of the Union, by which they will practically refrain from the sale or advocacy of secret medicines, and substitute regular official compounds for them, correctly labelled, with name and direction for use.

"5th. That this course should receive the sanction of physicians as the only one likely to remedy the evil aimed at, as the tendency to take medicine *ad libitum* is a feature of the Anglo-Saxon race, duly inherited by the American people, which, whatever may be its faults, is as much their nature as is the love of political and personal freedom.

"With regard to the propriety and efficacy of legislative action, we think that movements in that direction should originate in the several States, and be the joint action of the medical and pharmaceutical professions, and when applications are made to legislatures, they should be based on a real interest on the part of druggists and apothecaries generally to abate the evil, and not on a partial or very local movement."—*Trans. American Pharmaceutical Association, 1854.*

Vital Statistics of New Jersey.—As no one has thought it worth while to send us a copy of the report of the Secretary of State on the vital statistics of New Jersey, we copy the following brief abstract of the Report from the Trenton *True American*: [ED. N. J. MED. REP.]

"From the returns in the office of the Secretary of State concerning the births, marriages and deaths, during the year from June 1st, 1853, to June 1st, 1854, we learn the following statistics :—

There have been 6,853 deaths reported in the State, of which 3,448

were males, 3,117 females, 288 sex not reported; 1,074 by consumption; 476 by dysentery; 258 by casualty; 110 by typhus fever; 71 bilious fever; 141 by scarlet fever; 23 by smallpox; 166 by inflammation of the lungs; 92 by inflammation of the bowels; 140 by inflammation of the brain; 65 in childbed; 58 by whooping-cough; 289 by croup; 34 by erysipelas; 51 by measles; 277 of old age; 252 by dropsy; 104 by paralysis; 32 by cholera infantum; 64 by apoplexy; 284 by convulsions; 1,276 by other diseases, and 1,516 causes not reported.

The ages have been 2,667 under 5 years; 365 between 5 and 10; 405 between 10 and 20; 537 between 20 and 30; 507 between 30 and 40; 390 between 40 and 50; 380 between 50 and 60; 392 between 60 and 70; 355 between 70 and 80; 208 between 80 and 90; 57 between 90 and 100; 3 over 100; 577 ages not reported.

The births have been 6,153 males, 5,646 females, and 803 sex not reported. The marriages number 4,242.

These returns are only comparative, as many townships in the State made no report, and probably one-third should be added to them, in order to obtain correct information. The returns do not include the cholera season."

The American Medical Profession.—The members of the American Medical Profession, as a body, present an array of talent, learning and dignified bearing, entitling them to a conspicuous rank in the estimation of the profession throughout the world, and rendering its members worthy the high office they aim to fill and adorn. As the efficient laborers in a profession in its comparative infancy, they well deserve all that is accorded to them when we consider the briefness of its history, the circumstances surrounding it from its earliest date to the present time, the number and value of the contributions it has made, and the improvements effected by it. We avow ourselves partial to our own medical men, and sufficiently "native" to advocate our own claims and defend our national rights, our own profession always—"right or wrong"—and trust that we shall never so far prove recreant to its standing and position as to forget the distinguished efforts of those who have been instrumental in exalting it to the prominent position which it has attained in this country and elsewhere.

The traveller may go abroad, visit certain governments and countries whose first history time has assigned almost to *archæology*, note the advancement of science in each, the perfect order, system, and apparent perfection which long centuries have slowly and carefully instituted, besides being substantially aided and maintained by lavish appropriations from governmental treasuries. To glance back over the waters to his own home and country, reposing in its own unostentatious and unpretending position, while his vision is beclouded and obscured by the tinsel investments and vain show of royal trappings; and then to institute unfair comparisons and draw most unjust and unfavorable conclusions in relation to its scientific and other interests, are the natural results of a weak and surface mind. To forget that in all departments of our country the utilitarian principles and features are strongly engrafted upon, and interwoven with, our scientific, intellectual and civil systems, is another evidence of his want of capacity to understand our

national proclivities, peculiarities and excellencies, and his utter ignorance of the condition of the different departments of his own land and country.

Medical science here has rested for its success and advancement almost entirely upon the individual efforts of its own disciples and votaries. The self-reliance of the members of the profession upon their own mental resources has been and still is one of the great elements in its rapid strides. The same disadvantages under which it has labored would have consigned it to an oblivious obscurity with any other people on the globe. The sparseness of the population, in the early history of our government, was *not* favorable to the collection and the systematic classification of facts, and hence the difficulty for a long time of advancing the condition of medical science. And yet the stern requirements of humanity and necessity demanded the exercise of scrutiny and observation on the part of each individual, but the want of Medical Journals denied them an opportunity of placing these facts upon record. The materials were therefore disjointed, and no common structure could well be formed. It is true that times have changed with the unparalleled improvement and progress of the country, which has brought with it abundant means of observation, and we maintain that these opportunities have been well improved, although we may not have reached to an approximation in excellence as boasted of by those upon whom the smiles of royal favor have been bestowed and the resources of its treasury have been lavished. There is no aristocracy in science in this country save that which springs from worth and talent. Each one thinks, investigates and concludes for himself, particularly those who have devoted their time and talents to the work of inquiry and research. He proceeds with his work of investigation regardless of liberal criticism or condemnation from any quarter. No titled dignitaries to sit in umpire upon the opinions of men, or crush the aspirations of the humble and the obscure. We have no royal favorites, whose weight in the scale of influence can chill the hopes of a zealous and efficient student, and whose word of condemnation is but *annihilation*. We have no "Sirs" or notable physicians to the Emperor, the King, the Queen, or some "coof" of a lord, well mated to some more vain than sensible "lady;" but each one is on an equal footing, so far as advantages go, and each one is permitted, nay, encouraged in the strife to excel. The progress of improvement does not depend upon the whims and caprices of a few whose minds are made weak and almost imbecile by the "empty flatterings" of royal partiality, as in the old monarchies, but the responsibilities rest as heavily upon one member as upon another, and the position of each is only determined by the number, and more particularly, by the character of his productions. He has no fear of royal arrogance, but is cordially and promptly awarded that distinction he merits. The members of the profession *en masse* are his peers, and he looks upon them as the impartial arbiters of the value of his labors.

Hence here, and there, and almost everywhere, over this extended country, are found pillars and props with equal capacity to advance the interest of medical science by the results of their observations and research, and by their masterly contributions. Populous cities and towns grew up upon the Atlantic border, and here the work commenced, and

for a long period the labor was confined to, and rested upon, those who had selected this field as the theatre of their action, and the science of medicine as the theme of investigation and elucidation. But now, to use the language of a certain class of liberal politicians, we know no *north*, no *south*, no *east*, no *west*; because in all sections of our common country there are dense human settlements whose wants and requirements demand for their welfare the highest attainments, and equal acquirements with those of any other.

These thoughts were set in motion upon looking over the assemblage of our brethren at the recent meeting of the Association. Although all the medical talent of the nation was not there, still, from every part of the Union, there was a good representation. With deep interest we surveyed the countenances of many distinguished men, whose labors and devotion to the best interests of American Medical Science made us to yearn toward them with a feeling of gratitude and affection which one brother should feel for another, mingled with deep-felt admiration for their many qualities of head and heart. And while we sat in their midst indulging in a quiet survey of each, we felt a pride that there were those present who would adorn the profession in any country, and that yet behind in their respective fields of labor, there were others whose brilliant career had rendered them conspicuous at home and abroad.

We say we felt proud, but quickly succeeding to this, there was also a feeling of chagrin, that any one would prove fratricide enough to decry his own profession, or, by instituting unjust comparisons, lower the standard of medicine in his own country.

Were we competent to the task, we would give a sketch of the prominent men composing that body, with a history of their services and labors; but we shall hope that the task will be undertaken by some one who will give us a biography of the lives of the prominent men of the profession of the country, of the past and present times. Such a work would prove interesting as well as profitable, and we trust that some one competent to its performance will undertake it.

P. S.—Since penning the above, we observe that the *NEW JERSEY MED. REPORTER* has commenced the work in a series of articles. This is commendable, and we trust that this excellent periodical will prosecute it. It will give the engraved portraits of many or all of those whose biography is published.—*Iowa Medical Journal*.

Gum Mezquite as a Substitute for Gum Arabic.—By GEORGE G. SHUMARD, M. D., Fort Smith, Ark.—This gum (for which I propose the name of *Gum Mezquite*), is believed to occur in inexhaustible quantities, and will no doubt hereafter prove a valuable source of revenue to the State of Texas, New Mexico, and the adjacent Indian territory, besides affording employment to the different tribes of Indians now roving upon the plains, many of whom would no doubt be glad to gather and deliver it to the different frontier posts for a very small compensation.

The *Mezquite Tree*, from which the gum is obtained, is by far the most abundant tree of the plains, covering thousands of miles of surface, and always flourishes most luxuriantly in elevated and dry regions. The gum exudes spontaneously in a semifluid state from the bark of the

trunk and branches, and soon hardens by exposure to the atmosphere, forming more or less rounded and variously colored masses, weighing each from a few grains to several ounces. These soon bleach and whiten upon exposure to the light of the sun, finally becoming nearly colorless, semi-transparent, and often filled with minute fissures. Specimens collected from the trunks of the trees were generally found to be less pure and more highly colored than when obtained from the branches. The gum may be collected during the months of July, August and September, but the most favorable period for that purpose is in the latter part of August, when it may be obtained in the greatest abundance and with but little trouble. The quantity yielded by each tree varies from an ounce to three pounds, but incisions made in the bark not only greatly facilitate its exudation, but cause the tree to yield a much greater amount. As it is, a good collector would probably be able to gather from ten to twenty pounds in a day; were incisions resorted to, probably double the amount might be obtained.—*Western Medical Journal*.

Glycerin as an Internal Remedy.—By J. L. CRAWFOUR, M. D., M. R. C. S.—As I believe that glycerin as a remedy for internal use is almost unknown, and as in my hands it has proved a very efficacious agent, I wish through you to endeavor to introduce it to the profession as a remedy well deserving of trial. In a recent article in the *Chemist* for October, 1854, there is the result of some experiments by MM. Cap and Garot on the use of glycerin as an excipient in the preparation of remedies for external use, and they conclude by saying "that, as soon as they are satisfied of its power of being used internally, without injury to the patient, they intend still further to try its powers as a solvent for many substances." As a simple excipient, it is superior to any, its power being intermediate between water, alcohol, and oil, a large number of substances, only soluble in one of these three media, being soluble in glycerin and not separating by the addition of other fluids. But what I wish to draw attention to particularly at present, is the *special* action of glycerin on the economy, and the perfect safety with which it can be used as an internal remedy. For the past twelve months I have used it in every case of disease where formerly I should have used cod-liver oil, and with superior benefit; for while it seems to possess all the remedial virtues of this latter agent, it is its superior in taste, in not disordering the digestion, and in its property of combining with any other remedy.

In several cases of phthisis, of scrofulous disease generally, in mesenteric disease in children, I have used it largely and successfully; and in children, its sweet and agreeable taste gives it a great advantage over cod-liver oil, the only agent I can compare it with, in its therapeutic action. In addition to its special anti-strumous property, I find that it materially aids in the assimilation of salts of iron, especially of the iodide, and I now rarely order either iodine, or the iodide of iron, without combining them with glycerin. Quinine also, is soluble in it, without the aid of sulphuric acid, and to some slight extent is divested of its bitterness.

The dose in which I usually administer it is from one to three drachms

three times daily, in an ounce of water; in from one to two drachms, it, in a short period, relieves the cough, improves the digestive powers, and appears to increase the fat-producing principle in phthisical patients; in larger doses it has in a few instances produced nausea; it is, however, essentially necessary to its successful employment that it be obtained pure, and this is a matter of some difficulty, for it is ordinarily the result of the preparation of the common lead plaster, and consequently contains traces of lead, but by the process of Dr. Morfit, who decomposes lard, or oil, with hydrate of lime, it can be procured chemically pure, and at a very cheap rate. Should my communication induce other physicians to try it, the purpose of my writing to you will be answered, as it will be an equal boon to the physician and patient, if a remedy can be discovered equal in properties to cod-liver oil, and without its nauseous taste and smell.

I have recently tried it as a solvent for phosphorus, which latter we have hitherto hardly been able to use in medicine, as its solution in oil is so nauseous that we can rarely induce patients to swallow it, and its solution in ether is so dangerous that I question whether any physician of ordinary prudence would prescribe it. But in glycerin, it is not only nearly as soluble as in oil, but is miscible with water in all proportions, and is comparatively tasteless and odorless. About two grains dissolve readily in an ounce of boiling glycerin, and from experiments on myself, I consider it a powerful and a valuable stimulant. Of the above solution, which, after the nomenclature of Messrs. Cap and Garot, I would call the glycerole of phosphorus, I took one drachm in a wineglass full of water, with which it intimately blended; there was hardly any taste or smell, and it did not produce those garlicky eructations said to be the result of the phosphorus in oil. Its effect on my system was that of a stimulant; in about half an hour the pulse became quickened, both at the wrist and at the temples, the cheeks flushed, the skin became warm and suffused with moisture, there was a certain amount of mental excitement, and after a short time there occurred a feeling of oppression at the præcordia, accompanied by palpitation of the heart, while after a certain time the cerebral excitement was followed by a slight feeling of confusion, accompanied by sleeplessness. Each time that it has been taken in this dose, it has, on myself, produced these same effects. I therefore look upon this quantity as excessive, and would suggest that if this remedy be used, it should be in doses ranging from ten to thirty minims. It may be combined with any other drug, and I look upon it as a valuable addition to our list of therapeutic agents, not that the use of phosphorus is new, but hitherto it has been excluded from us from the difficulty of finding a proper solvent—this now, I believe, has been discovered in glycerin. Should my experiments lead me to any new or interesting facts, in connection with these substances, I will communicate them to you.—*N. O. Medical News and Hospital Gazette.*

The American Medical Association.—We had the satisfaction to be present at the late meeting at St. Louis, and found it to be a very agreeable and profitable reunion; affording full compensation for the time and the journey. Every lover of our noble profession should feel a deep

interest in this Association, as a means of uniting the physicians of our country in a great brotherhood, for the purposes of improvement, and the advancement of medical science. But we think it will become necessary to make some changes in the plan of operations. As the meetings are now conducted, the principal discussions are upon subjects of no scientific or professional interest; and the speakers young men giving vent to sudden and clamorous outbursts of irrelevant declamation. So grave a body, with so short a session, should not waste precious time in listening to those who can have nothing of interest to say. We were surprised to witness an excitement upon the indifferent question as to the place of printing the *Transactions*, which gave rise to some very amusing explosions of eloquence; while few seemed to attach any importance to the materials of which they are to be composed. No paper of any importance was read in extenso. In some cases, indeed, the main essay was not present, and in others not yet written. In one instance, an extemporaneous speech was made, by request, on the great questions connected with yellow fever, and which is to be written out for the forthcoming volume. The speech embraced little that was new, and most of that little was based upon false data. It occurred to us that a division of the meeting into sections, for hearing and debating essays, would have facilitated the work, and secured a better selection for the *Transactions*.

Nothing, however, surprised us more, than the fact that so few of the committees appointed upon special subjects, were prepared to report, or even to promise a report in future. These are the important agencies of the Association, and unless they perform the several duties assigned them with proper diligence, the *Transactions* are little else than individual voluntary contributions, which might just as well be published elsewhere; or perhaps not published at all.

We are of the opinion, that the place of meeting should be permanently fixed. The annual selection of this is now a matter of constant strife, and extensive discontent. All the difficulties growing out of the subject would be put at rest, and the convenience of the profession as a whole subserved, by holding the annual meetings at Washington City. If the annual meetings of the American Scientific Association were also held at the same place, and only a few days earlier or later, many physicians would be enabled to attend both, and the usefulness of both would be greatly promoted by the arrangement. The Smithsonian Institution would furnish rooms in its spacious edifice, not only for the meetings, but for the preservation of the archives and specimens of these Associations; while the members would have access to the scientific museums of the capital city. Unless a successful effort can be made towards the consummation of this object at the next meeting in Philadelphia, we propose that the succeeding one be held at Memphis, as the most central and convenient point to the whole Union. Our friends of the southern clime, and towards the setting sun, will please bear this in mind. We shall be happy to meet any number of them in Philadelphia.—*Memphis Medical Recorder*.



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ART. I.—*Remarks on the American Medical Association.*

By ONE OF ITS MEMBERS.

To judge correctly of the success or failure of any given enterprise, requires that we know the real objects to be attained, and the methods proposed for their accomplishment. It requires but a very cursory examination of the subject, to show that the great leading object, the fundamental idea, which impelled the formation of our great national organization, was the improvement of our system of *Medical Education*, and consequently, the elevation of the whole profession. Hence the special committee appointed in 1849, on the subject of lengthening the college terms, in speaking of our professional education, very justly remarks: "That it (the Association) stands in some measure pledged to accomplish a reform in the *Medical Education* of the country. Should it pass by, or fail to render effective this leading idea of the profession, it will have neglected a *chief object of its institution*, and will disappoint the just expectations of its founders."

With the mind fixed on this leading object, and impatient for its accomplishment, not a few have already declared the Association a failure. Thus, Dr. D. M. Reese, editor of the *American Medical Gazette*, in his April number, holds the following language: "The near approach of the Annual Convention of the American Medical Association, to be held in Philadelphia in May next, is heralded by the journals of the country, in numerous articles, editorial and otherwise, in relation to the great reforms

in medical education, which was '*the original and grand finality*' contemplated in the foundation of the Association.

"The conviction appears to be general among writers, that notwithstanding the numerous reforms attempted, recommended, and resolved on, by repeated '*whereases,*' and reiterated at every successive meeting by high sounding resolutions, and published in each volume of the *Transactions*, yet in *effectuating any one of these, after seven years' trial, the efforts of the Association in this regard have resulted in signal and utter failure.*"

Dr. Bennett Dowler, of New Orleans, gives utterance, in the *New Orleans Medical and Surgical Journal*, to sentiments of similar import. After carefully tracing the history of the Association, I am constrained to regard these announcements of *failure* as premature, and indicative of but a partial comprehension of the work assigned to the Association, and of the means at its command for accomplishing it. Had the Association, at the beginning, been clothed with legislative authority and powers sufficient to enforce its enactments, so protracted a delay in accomplishing its avowed purposes, would have furnished reasonable ground for declaring its institution a failure. But it must be borne in mind that our country is made up of more than thirty separate States; that the Association was, and is, not only destitute of legislative powers itself, but also without access to any one legislative body possessing authority to regulate the education and interests of the profession of the whole country. Hence, to accomplish the great and interesting work assigned to it, there was a necessity —

First: That the Association should unite the great body of its own members on some definite and feasible plan, for accomplishing its avowed work.

Second: That the means, instruments or agencies should be provided for carrying the plan into effect.

It was a very great error to suppose the first step here indicated had been accomplished, when the Association had almost unanimously resolved that a certain *standard of preliminary education* should be adopted; that the *lecture terms in the colleges* should be *lengthened*; and that a *higher standard* of qualifications should be exacted of candidates for the degree of Doctor of Medicine. These were simply general declarations, important, it is true, and

necessary as indicating clearly the objects to be accomplished. But what was the plan devised for their accomplishment? How was the standard of preliminary education to be enforced? Who was to examine the student, and furnish him with the certificate of having attained to that standard? In lengthening the lecture terms of the colleges, was it for the purpose of simply subjecting the classes to a more protracted endurance of six lectures per day, given promiscuously to new beginners and advanced students, without any reference to the natural and necessary order of the several branches? or was it designed to divide the annual terms into subdivisions, giving fewer lectures per day, and allowing the branches to be so grouped that the classes could attend the more elementary, before being forced to hear the practical?

And who was to judge of the "higher standard" of qualifications for the degree? Were there to be independent boards of examiners? and if so, by whom were they to be appointed?

All these questions are necessarily involved in our first proposition. To furnish answers which will meet the cordial and active sanction of an Association whose annual meetings are constituted of from 250 to 500 members, drawn from sections of country from two to three thousand miles apart, is a work requiring both time and patience.

Various attempts have been made to furnish these answers in a satisfactory form. The most systematic of these is contained in the concluding chapter of a little volume, entitled the *History of Medical Education*, and published by Dr. N. S. Davis, in 1851. To insure proper attention to the subject of preliminary education, he proposed that each State, county, and town medical society or association should appoint a board of censors, to examine such young men as should propose to commence the study of medicine in their respective districts, and to give certificates to such as were found to possess the necessary preliminary qualifications; and that no physician should be considered as maintaining a good standing in the profession, who should receive a student into his office without such examination and certificate. A plan essentially the same was adopted by the Erie County Medical Society, subsequently sanctioned by the New York State Society, and recommended to the American Medical Association by the Committee on Medical Education, of which Dr. F. Camp-

bell Stewart, of N. Y., was chairman in 1849. He proposed to lengthen the annual college term to nine or ten months, instead of six, and to divide it into three parts, with four courses of lectures assigned to each part, and so grouped together that students in the first year could attend *one part* of the term, in the second another *part*, and in the third year another, thereby completing the series.

By this arrangement the student would be required to attend lectures and college instruction no longer in any one year than at present, but he would be compelled to pursue the study of the several branches in their natural consecutive order, with the mind concentrated on a smaller number at any one time, and with ample time to pursue dissections, microscopic examinations, and clinical instruction. To secure the enforcement of a higher standard of professional qualifications, he proposed that all final examinations for actual admission into the ranks of the profession, should be conducted exclusively by independent boards of examiners in each State, appointed chiefly by the State medical societies. Whoever has supposed that such a vast variety of mind as is annually assembled in the National Association, could be at once made to harmonize on all these details, certainly possessed but little knowledge of human nature. Still, in regard to this, much progress has been made. The leading principles have been agreed upon, and universally acknowledged. The proper seed has been sown, and it is evident from the annual address of Dr. Wellford, to the meeting in New York, the report of Dr. Cabell to the meeting in St. Louis, and still more from the recent comments in the medical periodicals of the country, that it has taken root, and is already springing up and progressing to maturity.

If the necessary *plans* were fully matured, however, and sanctioned in all their details, it would still be necessary to take the *second step indicated*, viz: to provide the means or agencies by which they could be executed. In the absence of all legislative aid, it is evident that the only instrumentalities on which reliance can be placed, are first, the moral and intellectual power or influence of the National Association; second, the various State and local societies; and third, the medical colleges. As instrumentalities for the accomplishment of the great end in view, the State

and local societies stand pre-eminent. They constitute the basis of all our operations, and the only source from which can emanate those *censors* who are to secure the proper standards of both preliminary and professional education. Hence it is easy to perceive why the Association did not accomplish its avowed mission at once, or in the early part of its career. The very means or instrumentalities necessary for its accomplishment, were not in existence.

Time was required, not only for the Association to mature its plans, but also to effect the formation of those State and local organizations on which their execution must depend. And have its efforts in this direction proved a "signal and utter failure?" Let the facts answer. Previous to the organization of the National Association, State medical societies had been formed in about one-half of the States composing the Union. But a very large proportion of these had ceased to maintain an active existence. In examining the records, I find that only *seven* State medical societies, and eleven local ones, were represented in the first National Convention held in New York in 1846. At Philadelphia the succeeding year, the number of State societies represented was only sixteen, which embraced all those represented the previous year, and all that were then known to possess an active existence in the United States. The records of the last two annual meetings of the Association, one in New York and the other in St. Louis, show a representation from *twenty-six* State societies or associations, from the Society of Minnesota Territory, and the Cherokee Nation Society, and from more than 100 county, district, and town societies. Whoever will take the trouble to examine the condition of the profession at this moment, in relation to its social organizations, its literature, its spirit of investigation, and the condition of its schools, in comparison with its condition in all these respects at the period when the National Association was formed, will find neither evidences of failure nor discouragement.

On the contrary, he will see that it has been steadily diffusing its own spirit and principles of action into the whole profession; that it has not only promulgated its sentiments in repeated "*Whereases*" and "*wordy resolves*," but, like every other great movement based on truth and justice, and affecting large numbers,

widely extended and diverse interests, and dependent on no *legislative* or coercive aid, it has steadily advanced in the maturing of its plans, the extension of its basis of operations, and the creation of the means and instrumentalities required for the practical development of its objects. The whole history of the human race shows that all great and true reforms, whether social, moral, or political, proceed slowly. The mushroom may spring up in the night, but it withers in the morning. Revolutions may take place in a day, but like the whirlwind, they will leave only desolation in their paths. It is no less true of the mental than of the organic physical world, that before good fruit can be obtained, there must be a seed-time, a period of growth, of maturity, and of harvest. In the great work assigned to the American Medical Association, the seed-time is already past, the period of growth is far advanced, and it only requires that its members act the part of wise and faithful husbandmen, by diligently feeding its roots through the organization and perfection of State and local societies, and by training its branches in the right direction, through the development of detailed and practicable plans for carrying into operation the principles it has avowed, and its harvest of fruit will be speedy, perfect, and abundant. In the foregoing remarks, I have alluded only to the success of the Association in the accomplishment of its great fundamental object, viz: the improvement of the whole system of medical education in our country. In every other respect, it is conceded by all parties, that its success has been great, even beyond the expectations of its most sanguine friends. In this respect, Dr. B. Dowler speaks truly as well as eloquently of the Association, in the following paragraph from the *New Orleans Medical and Surgical Journal* for January, 1855. He says: "As a social and professional *reunion* of kindred spirits and great minds, its memories afford perennial delight. It has given impetus to the progress of medical polity and science; it exercises moral suasion, rather than that of authority; it has brought together a bright constellation of intellect, cemented the bonds of friendship among good men and true, and should it fail to effectuate its original and grand finality—that is, a thorough reform in medical education—it will leave a luminous track of light in the moral firmament of the *Æsculapian* heavens, throughout the expansions of the Republic."

ART. II.—*Stimulant Tonics*. By J. HENRY CLARK, M. D.

A VERY large number of persons at irregular intervals fall into a condition of "malaise," which they express by the phrase "getting bilious," or "I am very bilious." It is characterized by pain about the forehead and eyes, a pressure on the top of the head, pain in the nape of the neck, pain in the joints, sallowness, and loss of appetite; and is usually relieved by the use of blue pill. I have felt constrained to change my views somewhat upon this subject; I am myself one of those who have regarded it necessary to take blue pill occasionally, to relieve the condition just described; I have always observed that more or less time was required to recover the stomach from the effects of this alterative. Persuaded by a medical friend, I determined to try the effect of a stimulant tonic. On several occasions, I found relief as prompt as that afforded by blue pill, without the after ill effects. Having been a pledged member of the Total Abstinence Society for twenty-five years of the forty which I have lived, and an open, avowed friend of the cause for the last quarter of a century, I hesitated much before forming any conclusions, lest I should exert an influence for evil. I have long believed that the medical profession owe to the public long arrears of indebtedness on account of the spirituous prescriptions of a former age. Our medical ancestors employed spirits as a vehicle for the administration of tonic remedies, without regard to the habits or idiosyncrasies of the patient, and probably contributed thereby in no small degree, to promote intemperance; however, alkaloids were not then discovered, and it was necessary to give tonics in a bulky form.

Much, as physicians, we may desire to promote temperance, we cannot any more than in ages past dispense with the stimulant principle—that pure stimulant which in Old Testament days was associated with "milk," and "corn," and "oil," which in every age has been regarded as filling a very important place; that principle which was required to relieve the suffering Timothy under his often infirmities, and in his paroxysms of dyspepsia, is required now to relieve certain conditions of feebleness. The convalescent, the valetudinarian, men

in the decline of life, and women during the nursing period; and both sexes in periods of exhaustion because of over exertion of body or mind or of both, need at times not only a tonic, but a tonic stimulant. I have labored with my voice and pen during a quarter of a century, to promote the cause of temperance, and have sometimes hoped that by legislative and other means, everything that intoxicates might eventually be driven from use either for social or medical purposes. My medical experience has persuaded me to adopt views more conservative. It is scarcely to be expected that the virtue of temperance is to be isolated from those to which it is enjoined that it be added, and the world become, by legislative aid, educated to such a degree, that hereafter good men have nothing to do to promote it. Unless our race is made over anew, continual exertions will be required, as ever, to direct mankind aright and keep them in habits of temperance. I once hoped that it would be possible to accomplish all that was necessary in this direction, by means of quinine and other concentrated tonic remedies; but I am now persuaded, that the stimulant principle is, in many cases, also necessary.

In our vicinity, where miasmatic diseases prevail during those periods when the causes are most operative, tonics seem to serve the purposes of a prophylactic. Immunity often is enjoyed while the system is up to par; sinking below a certain point, those symptoms described by the public as "bilious," manifest themselves, or the patient becomes the subject of intermittent disease. My experience leads me to believe, that persons of a nervous habit, thin and spare, inclined to derangement of the digestive organs at certain seasons of the year, or under certain conditions in our climate, are benefited by the prudent use of some mild stimulant tonic. I have for the past two years prescribed with this view, and it seems to me with very evident advantage to my patients. In our climate I have regarded "colds" as rather a consequence than a cause of disease. When the system is replete, and the organs are in a healthy tone, very great exposure is borne with impunity; when the system is disordered, when under par, a succession of colds are often the consequence. I have been induced, by this view of the subject, for a considerable time when called to prescribe for those cases

of frequently recurring colds, to inquire into the condition of the system, and of sometimes employing tonics. Unless a change is accomplished, some form of miasmatic or congestive disease often follows; the perfectly healthy seldom take cold even though considerably exposed. These suggestions (indeed my whole article I regard as rather suggestive than the expression of settled opinions), I hope, will induce older observers and abler writers to either disprove or elucidate further facts and principles in this direction. I am as ever in favor of legal restriction, whether called prohibitory or regulatory, it matters not. No one in the State has done more to bring about a public sentiment that would sustain such enactments if passed. Much has been done to improve the moral condition of our people, and to restrain men from vicious indulgence; God forbid that I should in the slightest degree impede the good work. Let laws be made as stringent as public sentiment will sustain; if more so, they will not do good, but harm. This doctrine I have always maintained; but as an honest man, whose special business it is to give my patients the benefit of every remedy that shall tend to relieve them from those maladies which induce them to seek my advice or assistance, I cannot refuse to employ anything that cures. The position of the physician is a responsible one; while, on the one hand, he must use every means to cure his patient, on the other, he should do nothing to weaken the hands of those philanthropists, who so ardently desire to banish intoxicating drinks from general use. If, however, he honestly believes that in any particular instance, a stimulant tonic is requisite, or in that instance is the best remedy, he is obligated to order it.

I have in my possession the loose papers of a medical ancestor, an eminent man of the last generation. In looking them over occasionally, I observe that he is constantly in dread of inflammation, which induces him continually to tap the veins to prevent mischief. Either this age has learned much, or has receded, or else the constitutions of our people have changed; for it seems to me, we oftener have reason to fear an atonic rather than a tonic condition; that more need stimulating than depleting; that good hearty food and enough of it, is the best treatment for the healthy who would keep so, and tonics and stimulants are valuable for the feeble, to bring those up to par, who have

sunk below it. If the proposition can be sustained, that our pharmacopœia requires stimulants, it is surely important that we have something of a healthful and reliable character. If it is true, as it seems to me, that cases of incipient phthisis requires not only nourishment such as is procured from fats and oils; but also that the blood be driven through the lungs at a more rapid rate, in order to accomplish more perfect oxygenation, we require some agent of a stimulant character, that is reliable for the accomplishment of this purpose. Under these circumstances, I have thought that brandy and gin served a useful purpose. The cures attributed to the use of those quart bottles of "sarsaparilla," so called, which probably contain nothing that they profess to, owe their efficacy, perhaps, to the stimulant principle which they contain, which chances to be applicable to the case. If everything that can intoxicate could be swept away from the earth it might possibly be better for its inhabitants. In view of the numberless quacks in and out of the profession, of the domestic misapplication of remedies, and the numberless patent medicines and remedies of nostrum-mongers, the world would be as well without any remedial agents if all these evils could be thereby eradicated. They are swords with double cutting edges, and are not to be trifled with by the inexperienced. Though medicines often do injury, when skilfully applied, they bless the world. So stimulants fill an important place in their relation to man, notwithstanding that their misapplication produces such ruinous results, so distressing to the Christian and the philanthropist. *It is undoubtedly true that no person in health can use anything that intoxicates, or even stimulates, without endangering that physiological equipoise, the preserving of which is necessary to a high degree of healthfulness.* But there are many pathological conditions which require some tonic stimulant, and it is important, if possible, to secure an article for this purpose which is reliable.

There is an abundance of villanous, unreliable, drugged, adulterated compounds, which are deadly counterfeits; constantly sold under the names of the various kinds of wine which they are intended to imitate. The manufacture of these articles has grown into a trade, and the adulteration commences at the very place where they originate. In view of the adulteration of Port wine in the very vats, a writer familiar with this subject says: "If you would

get pure Port, you must go to Oporto, make it yourself, and ride home on the cask." It is notorious that there is more Champagne annually drank in Paris than the whole champagne country produces; the greater part used must be adulterated. Brandy is very expensive, is most readily adulterated, and its habitual use congests the liver. Gin has fewer objections, but it is fiery and exciting. Rhine wine and London Porter are frequently imported pure, but are very expensive. Scotch Ale and Porter at twenty shillings a dozen, is no more available to a large number of patients who require an article of this kind, than would be a prescription of gold pills. With regard to our malt liquors, they are often prepared with the view of making them at as low a price per barrel as possible, and are frequently unfit for medical prescriptions. In many cases, they are found heavy, and produce headache; besides, we really require something more reliable. Native wine we have not, and it is not obtainable except at a large price. In those years when there had been a plentiful supply of Harrison and Canfield apples this county has furnished cider unequalled in the world, for purity and excellence. This article fulfils the indication and supplies the required want in a large number of cases; but for several years we have had no cider that was fit to prescribe.

There has sprung up in our vicinity, a new kind of manufacture, which has seemed to supply to a good degree this want. It is the wine of malt and hops, and is much esteemed on the continent where the soil is not favorable to the production of grape. Many physicians in this part of the State have been in the habit of prescribing this article.

Just as I reached this point in the preparation of this article, I received the March number of the REPORTER. In the miscellany you expressed regret that "a number of the physicians of Newark 'signed' a petition in favor of the exemption of lager beer from the operation of a prohibitory law." You furthermore remark that the "physician surely sees enough misery, degradation, and sickness in individuals and families, brought on by even the mildest of these tonic, alcoholic beverages, without lending the influence of his name in support of the traffic." Many of the twenty medical gentlemen who signed this petition are among our best physicians, and among our most excellent men. I doubt

not they honestly believe it to be a very valuable tonic, and in this my experience coincides with theirs. Several other physicians as well as myself, who did not sign it, bear the same testimony to its excellence as a safe and mild tonic. With regard to its use as a "beverage," I suppose that they referred to our German population, which numbers about sixteen thousand. They have been accustomed to its use from infancy, and are among the most healthy and orderly of our citizens.

The Prohibitory Law that was before our last legislature, in effect forbids the manufacture of this article. It can only be preserved during the summer in deep cellars, twenty-five feet underground, every avenue to which is carefully closed. It is sent out in small casks lined with rosin, so as to be as impervious as a glass bottle. It is very weak in alcohol; the winter article containing two and one half per cent., and the summer four and one half, or about half as much as many of the light wines of the continent. Other malt liquors and cider contain, frequently, ten per cent., while Port and Madeira contain twenty-five per cent. The fact that it contains so little alcohol, that it must be kept in deep cellars, that packages when opened must be immediately used, prevents the possibility of its being obtainable under the proposed law, while fiery, adulterated, poisonous articles may be clandestinely conveyed or kept for any time. A small bottle which the pocket could contain, would be sufficient to intoxicate a whole family. These I presume to be some of the reasons which have influenced my medical brethren, and in justice to them, they ought to be known in those sections of the State where this article is not found. The position of the regular practitioner is eclectic in the highest degree. We may use whatever cures. If this article is found excellent, and relieves certain conditions, I suppose the scientific practitioner is obligated to employ it until something better shall be brought to his notice. "Lager Bier" is so called from its being laid away in cellars, the fermentation being arrested after having progressed for a short time. It is wine of malt and hops, and furnishes us about the only safe, reliable, mild stimulant tonic that we can command.

A portion of two years spent in Europe, was passed in those countries where this article was regarded as belonging to the list of necessities. I did not see evidence of the evil effects of its use;

nor in the wine drinking countries did I see any such intemperance as among the spirit-loving inhabitants of Great Britain. In all the German hospitals it is given freely, and is highly prized by the physicians and surgeons in attendance. I see as a matter of history, that a law of Bavaria, headed "an act for the suppression of intemperance," offers a bounty to secure the manufacture of a good article of lager beer. I have said thus much about it, because my medical brethren in West Jersey, I suppose, have less experience in the use of it than we have in this section of the State. I speak of it merely *as a remedy*. I allude to the good order which prevails to a considerable extent among the drinkers of it here and in Germany, only to show that it is not adulterated with stronger alcoholic preparation. I have prescribed it considerably during the last two years. My present experience induces me to recommend it in most cases where a stimulant tonic is required. I have found it particularly useful in dyspeptic and hysteric cases during convalescence from disease, and for nursing mothers. It seems to be well adapted for conditions of feebleness when ordinary tonics would not be borne. Its advantages have seemed to me to be: 1st. That it tones gently without producing excitement. 2d. That it does not produce headache. 3d. That it does not overstimulate, when taken in moderate quantities. 4th. That it does not produce acidity in the stomach. 5th. That it acts upon the kidneys, produces an increased secretion of urine, and seems to relieve that congestion of the organ which exists in most atonic conditions with considerable functional derangement. In many of these respects it differs remarkably from all other malt liquors; besides, its manufacture requires cleanliness and purity.

Now that sumptuary laws have become popular, the profession will be called upon for their opinion. The subject, therefore, is very important. Tippling and tippling shops should be in every way discouraged, and careful discrimination should be exercised with regard to the legitimate use of stimulating articles.

NEWARK, N. J., *March*, 1855.

ART. IV. *An Inquiry into the Contagiousness of Cholera.* Read before the District Medical Society for the County of Burlington, N. J., by I. P. COLEMAN, M. D.

THE history of cholera is now a tale a hundred times told, and its treatment a tune to which every chord of the harp has been touched. Yet we must continue to think and talk, to maintain that which has already been acquired, whether our knowledge be thereby increased or not. The question proposed for this occasion is certainly very broad, and would seem, from its great latitude, readily to admit of an affirmative answer: "Are there any circumstances under which cholera may be contagious?"

Perhaps in the most extended sense it cannot be successfully denied of any epidemic disease. Even pulmonary tuberculosis may be developed by close attention to the persons of those diseased and neglect of the necessary hygienic requirements. But when we narrow the question down to the legitimate idea of contagion, as expressed by smallpox or lues-venerea, the conclusion certainly becomes much less positive. One of the characteristics of the unquestionably contagious diseases, is a well-recognized and tolerably definite period of incubation, which if having an existence in cholera, is subject to a law at present absolutely unknown. The occasionally abrupt invasions of this malady, in the persons of those exposed to contact or proximity to the diseased, are wholly at war with our preconceived ideas of the necessity of a latent period for the contagious virus, to effect its chemico-vital modifications in the human system.

Nevertheless, our ignorance of the law does not preclude the possibility of its existence, and it becomes us to inquire diligently into the fact whether it be so or not. The question naturally suggests an examination of the circumstances under which contagious diseases are propagated, and an attempt to trace the analogy, if any exist, between such maladies and Asiatic cholera.

In organic as in inorganic matter, mutual affinities are necessary for action, or a change in the molecular condition of atoms. No mere contact of dissimilar substances can effect the chemical transpositions of atoms so constantly observed, but by the force of a stronger affinity, existing between some of the atoms composing

the different bodies, than that which exists between those of the individual body. We state the proposition, that contagious virus only operates on those forms of matter for which it has affinity. It has not a spiritual existence, acting on spirit, but it is material and operates on matter. The form of matter for which it has affinity may exist as a primordial organization, or it may be the result of the action of secondary causes, and according to one or the other of these modes of origin, we infer the absolute, or qualified susceptibility of the system to the action of contagious poison. The virus of contagious diseases, however subtle, must meet with a condition of matter in the system, for which it has affinity strong enough to subvert the existing elementary combinations, for the production of new and dissimilar compounds. These compounds may be formed at the expense of the solid tissues, or of the mobile and circulating fluids, as demonstrated by various anatomical lesions and vitiated secretions from the different emunctories. Whether the virus be introduced into the system in its intangible gaseous form through the lungs, or by inoculation, when thus capable of affecting it, the consequences in the economy are the same. This is also the fact when the disease spontaneously occurs from these inscrutable atmospheric causes of widely spread epidemics. Scarlatina thus produced presents the same physical results as when originating directly from contact or proximity to the diseased; the endless modifications being the result of individual idiosyncrasy, and the degree of concentration in the primary morbidic or predisposing cause. Thus a sporadic case of scarlet fever, introduced into an otherwise exempt locality, even if severe in its individual character, rarely communicates the disease to the neighborhood, but it more frequently subsides entirely with the recovery of the particular case. If, however, an epidemic or predisposing influence prevail, silently and imperceptibly effecting changes in the atomic relations of the elementary constituents of the solids or blood, we have the disease spreading in every direction, and varying in intensity from the mere rash to the most frightful malignancy.

When we consider those isomeric compounds in which the same elements exist in exactly the same relative proportions, but by a touch of the vital force during their combinations, merely affecting the polarity of their atoms, and consequently their mechanical

arrangements, such different results are effected, for instance, carbon, oxygen, and hydrogen, in precisely the same equivalent proportions, producing either starch or sugar; as the mode of vitality affects the polarity of the atoms during their combination, we are not at loss to comprehend how a morbid agent, subtle as the electric fluid, having entered the system, may so modify the vital movements in their atomic groupings, as to produce a compound, for which the specific fomites of the diseased, may have affinity, and produce such results as are witnessed in contagious diseases. That such morbid agencies exist, whether of vegetable, animal, or electro-magnetic origin, there can be no doubt. The history of epidemics is replete with illustrations of the fact. In intermittent districts, what causes over-exertion, exposure to the sun, or evening air, to be followed by fever and ague? We answer, malaria. Who has seen it, analyzed or submitted it to the microscope? Yet we know there are districts where similar exposures are not followed by such results; and we reasonably infer that some such predisposing cause does exist, where chills and fever prevail. Whence comes it? we say from malaria. Here we have a predisposing cause, frequently self-sufficient, but generally excited into activity by whatever reduces the vital tone. This form of disease has not yet been accused of engendering contagious fomites. We may extend the idea to gangrene, tetanus, erysipelas, scarlet fever, and perhaps even to puerperal fever, which become epidemic through the action of an occult agent, and are developed by lesions of structure and morbid contact. Thus hospital gangrene, tetanus, and erysipelas follow fortuitous lesions and surgical wounds; scarlatina, the inhalation of its specific effluvium; and puerperal fever, the contact of gangrenous virus. Here we recognize the operation of a remote cause acting on the elementary or atomic movements of the organism; predisposing it to certain physical expressions, when injured, or upon the application of a specific poison. In this category we may presume to place cholera; and consider it an epidemic disease, engendered by a cause thus far inscrutable, and excited into activity by whatever immediately disturbs the functions of organic life, or the integrity of the great nerve of nutrition and chemical action, and perhaps under such circumstances, like scarlet fever, capable of

communicating its mode of action to systems already prepared for it.

This virus is the very antithesis of what appears to obtain in the strictly contagious diseases, where the predisposition is inherent or congenital, having its origin in those recondite elementary movements which constitute the condition known as idiosyncrasy, when somewhat limited in its particular operation. Thus all human beings are born with certain elementary combinations for which the virus of variola and rubeola have affinity, operating under all conditions of health and atmospherical modifications, in the production of those chemical results in the economy, with which we are all familiar.

A grouping of atoms or elements in certain definite proportions, produces in many an idiosyncrasy susceptible to the action of the poison of the *Rhus toxicodendron*. Now the manifestation of these affinities, as expressed by the chemical results in the system, does not depend on any predisposing atmospherical influence, but grows out of a pre-existing and inherent assemblage of elements for which those poisons have affinity. However, such cases, especially those resulting from the action of animal poisons, as smallpox, require a definite time for the fomites, when introduced into the system, to subvert the vital force by which these peculiar compounds were held in harmony with the organism, and establish their particular mode of chemical action. This is called the period of incubation, and its duration is that portion of time necessary for the virus to effect a chemical change in a sufficient amount of the particular compound for which it has affinity, to produce the phenomena of fever.

Considering variola and rubeola as the types of contagious diseases, and the period of incubation and invariableness of communication as characteristics of such maladies, we perceive no analogy between them and cholera. For in the development of those diseases we recognize a primordial arrangement of matter existing in the individual, for which their specific poisons have affinity, and which may be brought into activity under all conditions of health and states of atmosphere, and we know of no circumstances under which exposure to their morbid effluvia suddenly develop the sensible signs of disease, without the preliminary period of incubation. It is true when either of the first

named diseases prevails as an epidemic, individuals are constantly being seized with the initiatory fever without at all times being able to say, upon what occasion they were exposed to the virus. But this does not militate against the necessity for a period of incubation, as the opportunities for infection exist everywhere at such times. There was no instance recorded of the introduction of a person so affected into a sound community, and there producing the disease without this characteristic preliminary stage. Indeed, when we consider the certainty of smallpox to infect the absolute necessity for a latent period, and compare it with those recorded cases of so-called contagious cholera, we see nothing in common to entitle it to a place in the same category. It cannot be possible that a disease to which hundreds may be exposed with impunity at one time may at another assume so contagious a character as to asphyxiate with the suddenness of carbonic acid, as we hear reported of the cholera. When groups of men have been stricken down whilst attending such cases, it may rather be considered a coincident than a result, for such cases only occur during epidemics, and similarly sudden results are happening to individuals and parties who are by no means exposed to the influence of the disease.

Other circumstances must therefore be considered, which will remove cholera from among the positively contagious diseases and place it with that more numerous and still more doubtful class of communicable maladies which we have before said belong to epidemic influences, and whatever impairs the integrity of the great nerve which controls the functions of nutrition and chemical action.

Yellow fever, typhus and typhoid fevers, dysentery, and some other maladies, have long been fruitful themes upon which the doctrine of contagion has been discussed, and its most ardent advocates have to admit an assemblage of circumstances to co-operate with the assumed fomites. Yellow fever is said to be contagious at a certain range of temperature and degree of moisture, abundance of vegetable and animal matter undergoing decomposition, and imperfect ventilation not removing its production, but becomes non-contagious when transferred to an arid situation and pure atmosphere.

Similar circumstances, as innutritious food, irregular habits, and contaminated air, acting in concert with an epidemic cause,

are necessary adjuvants to the so-called contagion of typhus fever. The constancy of such adjuvantia as furnished in hospitals, almshouses, emigrant ships, &c., is such as to warrant a denial of the existence of specific contagion. As these diseases do not always prevail under the same apparent circumstances, and during their existence some cases occur beyond the sphere of their action, we assume the existence of an ulterior cause, acting on the atomic movements, affecting their polarity so as to produce those isomeric conditions which may be thrown into diseased action by such agents as reduce the vital tone or impair the functions of organic life. And as the effluvium arising from the excretions of cholera subjects so affect some as to produce languor and nausea, thereby impairing the functions of digestion and assimilation, and having a positive chemical affinity for that specific molecular grouping of atoms effected by the action of the epidemic cause, the activity of the disease may be thus developed. In this manner we may answer the question and pronounce cholera, under such circumstances, to be contagious.

In corroboration of these views, I will briefly state, that during the months of July and August, we had undoubtedly a cholera diathesis in Pemberton district; numerous cases of sero-albuminous evacuations, cramps and asphyxia occurred in that neighborhood; but, with the exception of one family, the cases were isolated. In no other instance was there the least appearance of its having been communicable until it invaded the county-house, where it was greeted by the assemblage of circumstances to which we have alluded. Old age, impaired functions, bad air, the use of water saturated with batracia (frogs and toads), all conspiring to goad into malignancy a malady which in a better atmosphere had been perfectly manageable. If we add to the enumerated vices of the house the effluvium arising from the excretions of the diseased, we have another element which we may call contagion to aggravate its virulence. But how far this alone was capable of communicating the disease may be inferred from the fact that it was not spread through the neighborhood.

When about twenty-five of the unaffected inmates of the poor-house were removed to a distant dwelling beyond the sphere of its contaminated air, they remained perfectly free from the least

symptom of the disease, and were the only ones connected with the house who entirely escaped.

Whether the exemption of these depended on their removal, or whether they were of that class whose tone of vitality is so perfect as to resist all morbid influences, it is impossible to say. Such exceptions are to be observed in all epidemics.

PEMBERTON, N. J., April 10, 1855.

ART. V.—*Cimicifugin*. By C. H. CLEAVELAND, M. D.

[The writer of the following article (together with one published in the March number of the REPORTER) has for many years been an occasional contributor to the pages of this journal. He has of late fallen upon the "Eclectics" of Cincinnati, or rather, we believe, they have fallen upon him, and pressed him into their service. Believing that the resinoid principles of some of their favorite remedies (theirs only by adoption, however) are valuable as medicinal agents, he asks the privilege of calling the attention of our readers to them. His articles bear evidence of the honesty of his intentions, and we hope that our readers will be profited by our author's suggestions. Professors King and Morrow, whose names occur in the article, are, we believe, connected with an "Eclectic" college in Cincinnati.

ED. N. J. MED. REPORTER.]

Cimicifugin, or as it is oftentimes called *Macrotrin*, is obtained from the root of the *Cimicifuga racemosa*, which has for a long time been highly prized by all classes of physicians. According to the analysis of Mr. Tilghman, published in the *American Journal of Pharmacy*, vol. vi. p. 20, the decoction of the root contains fatty matter, gum, starch, *resin*, tannin, wax, gallic acid, sugar, oil, black coloring matter, green coloring matter, lignin, and the salts of lime, iron, magnesia, and potassa.

This analysis did not, however, seem to aid in discovering the peculiar medicinal agent of the root. It was found that the peculiar bitterness and nauseating properties of the plant seemed more fully developed in the ethereal extract than in any other form.

Prof. B. S. Barton long since found the *Cimicifuga* of value, to prevent putridity. Dr. Mears, in 1827, found it to produce fullness of the pulse, and a flushed face. Dr. Gardner, Dr. Chapman, and others, have found it to reduce the frequency of the pulse, and increase the pulmonary secretions in phthisis pulmonalis.

Dr. Dunglison also found it of value even "when pushed so far as to produce catharsis, and even slight narcosis." Dr. Young was highly pleased with the results obtained from its use in chorea, and Dr. Wood in his own practice verified the accuracy of Dr. Young's observations. Dr. Wood found the agent of value in cases where convulsions occur periodically. Prof. King, of this city, uses the alcoholic extract in epilepsy and diseases of the uterus, and speaks very highly of it. I have used *Cimicifuga* in phthisis, rheumatism, chorea, epilepsy, and amenorrhœa, and have always supposed my patients were benefited by it.

The resinoid *Cimicifugin* has been used by a considerable number of physicians in the West and South, and many have preferred the resin to any other preparation from the root, as containing the most active principle of the plant in a very concentrated form. It was first manufactured by Prof. King, in 1835, while residing in New York, and when he came to the West, he called the attention of the profession to it in 1844 and 1846. After a little time Mr. W. S. Merrill prepared some, and since then it has met with a large and rapidly increasing sale.

Its mode of manufacture is as follows:—

Make a saturated tincture of the root, and distil off the alcohol until the residue is of the consistency of syrup, then warm the mass, and mix with it four or five times its volume of cold water, constantly stirring the mixture until it is thoroughly mixed. This is to be allowed to stand until the resin has fallen to the bottom, when a small quantity of muriatic acid may be added to precipitate anything the liquid may still hold in solution. The supernatant liquid may then be poured off, and the mass carefully washed with more water to remove the acid, and the liquor filtered through paper, which will retain the *cimicifugin*. This should be washed and filtered two or three times until all the acid is removed, when the *cimicifugin* may be dried and bottled for use. This preparation is not a chemically pure resin, but contains but little impurity, and is sufficiently concentrated; that the dose ranges from one-fourth of a grain to two grains.

Prof. King and Prof. Morrow speak in strong terms of its value in leucorrhœa, dysmenorrhœa, sterility, and other forms of uterine diseases, as well as in those forms of disease the authors first quoted refer to. From an experience of two years in its use, I

am prepared to say that it will be found useful in those cases where the root, or its decoction or tincture is indicated, and that it is only inferior to the alcoholic extract, and perhaps may be found on further trial to equal that in value. Its form—a powder—and the small size of the dose, strongly commend it to the notice of the country practitioner, who will find no difficulty in manufacturing it for his own use.

Several physicians have supposed it to possess a specific power of neutralizing the virus of smallpox, and cases have been related where it appeared to lessen the number of pustules, and to hinder the formation of the pus, as well as to lessen the febrile excitement. Although the testimony is very strong, I do not speak with entire confidence, as I have never observed its effects in these cases, but think it should be carefully and thoroughly tested, and the results made public.

139 Seventh Street, CINCINNATI, March, 1855.

BIOGRAPHY.

ART. VI.—*Biographical Memoir of Nathan S. Davis, M. D.*

THE subject of this memoir is the second son of Dow Davis, and was born in the town of Greene, Chenango Co., New York, January 9th, 1817. His father is by occupation a farmer, and with his elder son, still occupies the farm on which Nathan was born, lying three miles northwest of the village of Greene, and near the valley of the Genegantslet Creek. Of his ancestral relations but little is definitely known. His boyhood was spent in a log house, and until he was sixteen years of age, was himself bred a farmer, engaging actively in the varied and laborious pursuits incident to a farmer's life. Endowed by nature with a spare frame, slight and fragile in appearance, the occupation of his boyhood doubtless contributed much to the acquirement and subsequent development of that physical energy and power of endurance which he has enjoyed in his manhood. His early education was limited and defective, consisting only of such as he could

acquire at a backward district school in the neighborhood, and by voluntary reading during his leisure hours, of such books as he could obtain. The pecuniary circumstances of his father, and the need of his assistance at home, and in the field, seemed to oppose the propriety or expediency, however desirous he may have been, of placing his son in a position where he could enjoy those advantages which he so much coveted, and it was not until he had attained the age of sixteen, that his desires in this particular were gratified. At this time he seems to have formed the purpose of preparing himself for the practice of medicine, and obtaining his father's consent and approbation, he entered Cazenovia Seminary, where he remained six months, pursuing the studies of English grammar, chemistry, natural philosophy, algebra, and Latin, with an earnestness and profit which few exhibit.

At the expiration of this term in the seminary, he commenced the study of medicine with Dr. Daniel Clark, of Smithville Flats, with whom he continued until the following autumn, when he took his first course of medical lectures at Fairfield, in the old "College of Physicians and Surgeons of the Western District of New York." At the close of the course, our young student entered the office of Dr. Thomas Jackson, of Binghampton, under whose tuition he remained until the completion of his term of study, attending lectures each winter at Fairfield. In January, 1837, at the end of his third course of lectures, he received the degree of M. D., being then but a few days over 20 years of age.

Of *four*, who were selected from the graduating class, to read their *theses* in public, as a part of the commencement exercises, Dr. Davis was one.

During his pupilage, his small supply of *money* and the limited assistance he received from friends, compelled the adoption of a rigid system of economy, and while in college, he tells us, that he boarded himself, "living very cheaply upon *roast potatoes, pudding and milk*," &c. &c.

Near the close of his last college course, an application was made to the Faculty of the college for their recommendation of a suitable young man who would go to Vienna, Oneida Co., and take the place of a physician who had for many years attended to the greater part of the practice in the vicinity, but whose health was then supposed to be rapidly failing. Dr. Davis

was referred to, and the proposition accepted. With a small library of books and a pocket-case of instruments, we find him in the February following, engaged in the practice of his profession, with the physician above alluded to (Dr. Daniel Chatfield). Soon after he made a verbal agreement with Dr. C. to purchase his property, the latter consenting to retire from practice altogether. During the following summer, however, Dr. Chatfield's health having become much improved, he was again desirous of engaging in practice, forming a partnership with Dr. Davis. But the latter declined the proposition. The "half agricultural and half *lumber*" town of Vienna, together with its remoteness from any considerable town or village, was little suited to satisfy the ambition and aspirations of such a man as Dr. Davis; and hence in July, having made a residence of only five months, he removed to Binghampton, Broome Co., where he continued in practice until his removal to New York, a period of nearly ten years. At the time of his removal to Binghampton he seems to have been desirous of migrating to the Valley of the Mississippi, but the want of pecuniary means induced the abandonment of any purpose in that direction.

The success which attended Dr. Davis in his new field of labor, both in his professional and social relations, was all he could desire or reasonably expect. While the intelligence, skill, and sound judgment which he exhibited as a physician secured to him the confidence and patronage of the community in which he lived, the urbanity of his manners, and the kindness and good feeling which he uniformly manifested, won equally the esteem and friendship of all who knew him.

In the spring following his removal to Binghampton, he was married to a Miss Parker (daughter of the Hon. John Parker, of Vienna), and who is still, with their two children, the pleasant sharer of his alternate joys and sorrows.

In addition to the varied and onerous duties incumbent upon him as a physician, and identified as he was with reform movements of both a local and general character, he still found much time for close and careful reading. His ambition to excel in the profession of his choice, coupled with an ardent love for its study and pursuit, left no leisure hour unemployed. In the organization and prosperity of medical societies, he took a deep and earn-

est interest, laboring zealously and diligently in whatever would contribute to their welfare and usefulness, or to the advancement of medical science, and the elevation of professional character. And I may add, his zeal and industry in this respect have not in the least diminished. Frequent communications from his pen made their appearance in the different medical journals, and one of which, originally published in the *American Journal of Insanity*, was copied into some of the European journals.

At the annual meeting of the New York State Medical Society, in Feb., 1840, the prize previously offered for the best essay on the "Diseases of the Spinal Column," &c., was awarded to him, and the essay published in the Transactions of the Society. The following year he received the prize offered by the same society for the best essay on the "Discoveries in the Physiology of the Nervous System, since the time of Charles Bell," which was also published in the Transactions of the Society for the same year, 1841.

In 1842 he was appointed delegate from the Broome County Society to the State Society, taking his seat in that body in February, 1843. He continued to meet with the State Society annually until his removal from the county in 1847, and to contribute to its Transactions almost yearly until his removal from the State.

During Dr. Davis's residence in Binghamton, he conceived the idea of a National Medical Association, and through his instrumentality and the co-operation of others, a convention of members of the profession was called, which met in the city of New York, in May, 1846, and which resulted in the organization of the society known as the *American Medical Association*.

In the spring of 1847, being ambitious for a wider field of labor, and increased facilities for acquiring distinction, he removed to the city of New York. During the winter following he employed a part of his time, at the solicitation of the Demonstrator of Anatomy in the College of Physicians and Surgeons, of that city, in taking charge of the dissecting-rooms and giving instructions in practical anatomy, and at the close of the regular college session, received and accepted an invitation from the Faculty, to give the spring course of lectures on *Medical Jurisprudence* in that institution. In the latter part of the same year, 1848, he commenced editing a small semi-monthly medical journal,

styled the *Annalist*, and which he continued to publish until his removal from the city. During his residence in New York, his private practice slowly but uniformly increased, and in the summer of 1849 he found his time not only fully but profitably employed. In July of this year he received and accepted an invitation from the Trustees and Faculty of "*Rush Medical College*," located at Chicago, Illinois, to occupy the Chair of *Physiology* and *Pathology* in that institution. With this view he left New York in August, and after spending a few days in the interior of the State, started for his western home, arriving in Chicago in September, and the following month entered upon his duties as a public teacher, discharging them with much credit to himself, and satisfaction to others. During the following year, some changes were effected in the Faculty of the College, and Dr. Davis was transferred to the Chair of *Practice of Medicine*, uniting with it *Pathology*. The establishment of a hospital soon after, brought with it the duties of clinical practice and instruction, and from that time until the present, he has performed the duties, and held the title of "*Prof. of Pathology, Practice and Clinical Medicine*." With what ability and satisfaction he has discharged the responsible duties imposed upon him as a teacher in medicine, the testimonials he has received, abundantly testify.

Near the close of the regular college session of 1852-'53, he was presented by his class, as a token of their appreciation of his talents and ability as a teacher, and his worth as a man, with a valuable microscope, having a magnifying power of 1000 diameters. It bore the following inscription:—

PRESENTED

TO

N. S. DAVIS, M. D.,

Prof. of Pathology and Practice of Medicine
in Rush Med. College,

BY THE CLASS OF

1852 AND '53.

During the last session of 1854-'55, he was again made the recipient of testimonials equally expressive of the high regard and esteem in which he is held by those who listened to his instruction.

In the organization and prosperity of our *State and Local Medical Society*, he has uniformly taken a lively interest, attending their regular meetings, and contributing much to the interest of their transactions and their usefulness.

At the annual meetings of the National Association, of which he is at present one of the vice-presidents, he has been a regular attendant, with the single exception of the meeting at Baltimore. A list of the reports he has made, and papers presented to that body, together with others published from time to time, will be found appended to this sketch.

In concluding this brief outline of the past life of Dr. Davis, it may in brief be said, that in the reform movements pertaining to medical education, and in whatever will contribute to the advancement of medical science, and the elevation of professional character, there is concentrated his best energies, giving them his most zealous, earnest, and efficient support.

A few words in reference to his mental, moral, and social qualities, and his character and abilities as a physician and teacher will finish this sketch.

The talents which nature has bestowed upon Dr. Davis are of a high order. He possesses an inquisitive mind, clear, logical, and comprehensive. Originality of thought and independence of opinion are prominent qualities of his mind and character. The sentiment embodied in the oft-quoted and well known line—

“Nullius addictus furare in verba magistri,”

is peculiarly applicable to him. In the discussion or investigation of any subject, his intellect is keen and searching. He has an ardent temperament, with a predominance of the nervous, a lively imagination, and a general fund of humor and pleasantry, which renders him in conversation or discussion, lively, pleasing and attractive. In debate he is usually calm, always ready and self-possessed; and not unfrequently, in the excitement or warmth which the subject or place occasions, arises to sublimity of thought and expression. His reasoning is cogent and terse, stating his points with clearness, force and precision. In manner he is impressive, always commanding attention, and oftentimes admiration.

Dr. Davis is a member of the Protestant Methodist Church,

contributing by precept and example to the advancement of its interests, and the dissemination of true piety. He is frank, open-hearted and open-handed, ever ready to console the bereaved and unfortunate, to encourage the despondent, and to assist with more material aid the needy and destitute. Unlike many, his charity is prompted by a higher, nobler motive than ostentation and show. His labors and self-sacrifices in behalf of the unfortunate sick and poor of this city are held in grateful remembrance by the hundreds who have been the recipients of his kindness and aid.

As a physician, it is no unjust praise to say that he is universally beloved and esteemed by those who come under his care, inspiring in them confidence and hope, and meeting them with an encouraging smile, and a remark, oftentimes more effective for good than the most potent anodyne. In his diagnosis of disease, he is minute, careful, and searching, equalled only by the skill and sound judgment which he exhibits in their treatment. In emergencies requiring self-possession and prompt action, he is calm, deliberate, and efficient, exhibiting a ready command of resources which few under like circumstances possess. These attributes have secured for him, in a remarkable degree, the confidence of his professional brethren, and of the community in which he lives.

As a lecturer and teacher, he is a deep thinker, and a ready and fluent speaker. A close and accurate student himself, his lectures are delivered with clearness and distinctness, characterized by originality of thought, rigid analysis, and close logical deductions. He possesses the happy faculty of awakening in the minds of his class a lasting and earnest interest, and rendering them enthusiastically in love with the principles and study of medicine. He is emphatically the student's friend, ever ready to afford him every facility in his power for self-improvement and the accomplishment of every laudable and noble impulse. In a word, in all his relations, whether as a physician, teacher, or citizen, he enjoys a reputation which "no praise can brighten, or condemnation make dim."

The following is a list of the works written by Dr. Davis, not including any of his numerous communications to medical periodicals, viz:—

"An Essay on Diseases of the Spinal Column," to which was awarded the prize of the New York State Medical Society, in

February, 1840, and which was published in the Transactions for that year.

"An Essay on the Discoveries in the Physiology of the Nervous System, from the time of Charles Bell to the present time." This received the prize awarded by the New York State Society for the year 1841, and was also published in the Transactions.

"A Text-Book on Agriculture, designed for study in schools," published by S. S. & W. Wood, 261 Pearl St., New York, 1848, pp. 148.

"History of Medical Education and Institutions in the United States, from the first settlement of the British Provinces to the year 1850; with a Chapter on the Present Condition and Wants of the Profession, and the means necessary for supplying those wants, &c. &c.: Chicago, S. C. Griggs & Co. publishers, 1851."

"Has the Cerebellum any Special Connection with the Sexual Propensity or Function of Generation?" An experimental investigation concerning the relative development of the Cerebellum in the Ox and Bull; read to the American Medical Association in May, 1850, and published in the Transactions, vol. 3.

"An Experimental Inquiry concerning some points connected with the Functions of Assimilation, Nutrition, and Animal Heat; also Analysis of the Blood of the Renal Vein and Artery, and that of the Iliac Vein and Artery of the same animal;" read to the American Medical Association in May, 1851, and published in the Northwestern Medical and Surgical Journal.

"Report from the Standing Committee on Medical Literature;" read to the American Medical Association in May, 1853, and published in the Transactions, vol. 6.

"A Lecture on the Effects of Alcoholic Drinks on the Human System, and the Duties of Medical Men in Relation thereto; delivered in the lecture-room of Rush Medical College, Dec. 25th, 1854; with an appendix containing original experiments in relation to the effects of Alcohol on Respiration and Animal Heat." J. F. Ballantyne, printer, Chicago, 1855, pp. 31.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. VII.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, Feb. 28, 1855.

Rupture of Uterus.—Dr. CONANT presented a specimen of lacerated uterus, with the following history: Eliza McGovern was taken in labor on Tuesday, Feb. 13, and at three o'clock in the afternoon the husband applied to the Demilt Dispensary for a physician. He was there informed that such cases were not provided for by the Institution. Still, to relieve his great anxiety, and by his own consent and request, a student of medicine, from a neighboring boarding-house, was called, and went with him to the house, 233 E. 20th Street, and took charge of the case. After about an hour's delay, upon making an examination, this student discovered that the funis was prolapsed. He immediately informed the friends that there was a complication in the case, and that they must call the best physician that could be found, as he did not like to take the responsibility. When the husband arrived, some time in the evening, he went directly for a more experienced practitioner. Dr. LONGRIGG being called, expressed his firm belief that he should be able to deliver the woman in a very short time. He succeeded in bringing down the right foot and hand; but, failing in his efforts to deliver anything more, he called in a medical friend. After holding a consultation, Dr. L. says, "I demanded a fee, knowing that one would not be paid, and, as I expected, we were discharged." Dr. L. ceased all efforts at delivering the woman at about 11 o'clock, Tuesday night, after which time the patient had no labor-pains at all, but commenced vomiting everything taken into the stomach. She sank very rapidly, so that in two hours the friends thought her dying. The student remained by her all the time, to see the termination of the case. After the departure of Dr. L. and friend, the young gentlemen went with the husband to nearly every physician's office in the vicinity, but failing to secure the services of one, the young man was finally sent to Dr. Finnell, and the husband called on Dr. Conant, who immediately attended. Dr. F. arrived a few minutes later, about 11 o'clock on the morning of Wednesday. The patient was in a deplorable condition, the pulse being 150 per minute; the respiration about 50, and labored; the countenance having the anxious and pinched appearance peculiar to one suffering under rapid exhaustion; the abdomen was very tympanitic—

in fact there was every indication of speedy dissolution. Upon further examination, Dr. C. found the right foot and leg as far as the knee, protruding through the vulva; the funis prolapsed some six inches; after which Dr. F. discovered the laceration of the womb. After a short consultation, Dr. C. proceeded to turn, and delivered the child in about half an hour, without much inconvenience to the patient, who expressed herself as decidedly relieved when the child was removed.

The child was known to be dead before delivery, as there was no pulsation in the chord.

Dr. C. continued in attendance until her death, which occurred twenty-four hours subsequently. After the child was removed, from twelve to eighteen inches of the intestine protruded into the vagina; these were returned, and the placenta was found to have passed through the rupture into the abdominal cavity.

The *post-mortem* examination was made the next day, and revealed a rupture, extending some three inches up the cervix uteri, and about the same distance down the vagina, upon the left side of the organ. The alimentary canal was excessively distended with gas. There was no sign of inflammation except upon the intestine, which was opposite the laceration.

Dr. BATCHELDER inquired what length of time after commencement of labor, ruptures most generally occurred. In his experience, it was usually within fifteen or eighteen hours. Dr. Finnell mentioned one case, where rupture took place three days after commencement of labor, and others within twenty hours.

Dr. CLARK asked the usual seat of rupture. Dr. Finnell said, at the junction of the os uteri and vagina.

Dr. ISAACS mentioned four cases through the cervix, and one partially in body.

Double Placenta.—Dr. BAUER presented, for Dr. Kalb, of Brooklyn, a double placenta, to which the oval membranes and a foetus were attached, the latter in an advanced state of putrescence. That portion of the placenta belonging to the foetus was much smaller and of firmer texture than the remaining part, and the corresponding oval membranes were soft and easily torn. An intermediate part shows a high degree of fatty and fibrous degeneration; in all probability the effect of previous inflammation of that portion of the placenta, and the cause of death of the foetus. During gestation the mother enjoyed excellent health, nor was her confinement attended by any peculiarity.

Resection of Head of Femur.—Dr. Bauer then exhibited the heads of three femoral bones, which he had removed, within the last eleven days, by the operation of resection. Two of the specimens presented all the evidences of advanced carious destruction. Their size was considerably diminished. The articular cartilage was partially destroyed, and portions elevated and thickened. The

acetabula were also slightly involved, their cartilaginous coverings being, to a degree, destroyed. Sinous openings existed about the diseased joint, and extensive burrowing of pus on the inner side of the thigh. The patients, between the ages of 3 and 4, were greatly emaciated and anemic, and labored under hectic fever, loss of appetite, and excessive pain. The operation was performed under the influence of chloroform, attended with but little loss of blood. The patients rallied speedily from the effects of the operation, and have since progressed favorably.

The *third specimen* consisted of the head and neck of the femur removed from a girl 7 years of age. The patient received a fall four months ago. Since that time she has limped in walking, and has experienced pain in and about the left hip-joint. The affected member assumed an everted and flexed position. Gradually the extremity became inverted, flexed both in hip and knee-joint, and adducted. When first seen by Dr. Bauer, the patient was suffering from much pain and constitutional disturbance. On the inside of the thigh there was an extensive abscess, situated under the fascia lata; the joint was inflamed and fixed. The position of the limb, in conjunction with the abscess, proved to his mind that the joint had already opened spontaneously. In this view, he determined to open the abscess freely by external incision, so as to afford a fair inspection of the diseased portion, and, if the condition of the parts warranted, to remove the bone. On opening the abscess, the joint was found perforated anteriorly, and the neck of the femur in a carious condition. The affected part was then removed. On examination, it was ascertained that the periosteum of the anterior surface of the neck had been destroyed, and the bone carious to the extent of two inches. Here the capsule was rent, and the cartilage, otherwise intact, had lost its color and firmness, and had commenced to elevate itself from the femoral head. Around the latter, and within the capsule, there were unmistakable signs of inflammation of the synovial membrane. The patient, since the operation, was progressing favorably.

Dr. Clark remarked that he had been surprised to find so many cases of recovery from hip-joint disease; in Newport he had seen seven men who had, at some previous time, labored under the disease. He stated this as evidence that nature does occasionally effect a cure; and it is unquestionably true, that many do recover without surgical assistance.

Dr. DETMOLD said that his observation coincided with Dr. Clark. In his opinion, many, no doubt, will recover with deformity—we cannot know what nature will effect. He has had no personal experience in the operation, but was disposed to let them alone.

Dr. CLARK mentioned some additional particulars, and referred to the advertisement of a gentleman whose child was afflicted

with disease of the hip, asking information as to what means would effect a cure. In answer, the father received replies from thirty odd persons, whose children had recovered from hip-joint disease. In operating, fatality must be considered; some accurate statistics were wanting to prepare evidence as to the relative proportion of recoveries.

Dr. BAUER, in reply to the objections raised by Drs. Clark and Detmold, said that a simple caries often required years for its spontaneous cure, and the resection of the affected bone was often imperatively called for. In the case under consideration, there was something more, namely: spontaneous opening of the joint, and extensive burrowing of pus under the fascia lata. His experience, based on a considerable number of similar cases, led him to expect but little aid from nature, where the joint was so seriously involved as in the present case. All that could be accomplished through the assistance of nature, during years of suffering, was the elimination of the diseased bone, the gradual removal of the disintegrated parts, anchylosis of the joint, and, in addition, deformity, with shortening of the limb to the extent of three inches or more. The old method has realized but questionable results; and he could relate cases, under the treatment of distinguished surgeons, where the patients had died by inches, nothing having been done to assist nature in her sanitary efforts. If he succeeded in curing the three patients by the treatment adopted, and, at the same time, obviate deformity by appropriate orthopedic means, he should consider the question decided beyond dispute as to the relative methods of treatment. By request of the president, Dr. Bauer promised to lay before the Society the statistical data he had been collecting for years, in reference to hip-joint disease. Dr. Bauer further said, he would not remove bone unless caries existed, the deformity resulted from muscular contraction, not from absorption of cartilage, or dislocation of the limb.

Dr. CLARK remarked that, in posterior curvature of the spine, pus was seldom discharged externally; and the fluid would frequently be absorbed.

Dr. BAUER said it was softening of the cartilages, and not caries, in those cases.

Dr. DETMOLD observed that caries generally causes abscess sooner or later.

Dr. CLARK inquired what was *caries*? whether it was molecular disintegration? There were many instances of destruction of two or three vertebræ; and new bony matter being thrown out.

Dr. DETMOLD replied that disintegration with pus, is *caries*—in other cases it is atrophy, or interstitial absorption, and not caries. No caries, no pus.

Dr. MARKOE said, that is just the point; a secretion of pus has

taken place, then true caries; absorption ensues, and ankylosis follows. He had examined one in progress, where pus was found, and reddish granulations were present.

Dr. BATCHELDER considered caries as ulceration of the bone.

Dr. ISAACS asked how often deposition of tubercular matter was found in cases of absorption of the bodies of the vertebræ?

Dr. DETMOLD said, Rokitanski thought it rarely occurred.

Dr. MARKOE never succeeded in finding tubercle in many examinations made by him, while residing in the City Hospital.

Dr. MINOR referred to a case of hip-joint disease, under his present care, in a patient of strumous diathesis—he was using the ordinary straight splint, with appropriate constitutional treatment. The patient was rapidly improving, hectic fever had subsided, and was in a fair way to recover.

Tubercular Lung.—Dr. FINNELL exhibited the *right lung* of a healthy girl, aged 19 years, who poisoned herself with opium. At its inferior portion there were several small rounded masses, looking like melanotic tumors. Microscopic examination, however, proved them to be tubercular. They were closely adherent to the pleura-pulmonalis. No other tubercular matter was discovered in the lungs.

Tubercular Lungs and Urinary Calculus.—Dr. FINNELL next presented the *left lung* of a woman, aged 66 years, who first complained of ill health five years ago; her symptoms then were cough, dyspnoea, with slight expectoration, loss of appetite, and considerable distress about the bladder. She occasionally passed small urinary calculi. About ten months since, her cough disappeared, and breathing relieved; and she was enjoying a fair amount of health, with the exception of the urinary difficulty. She died on the 27th instant, after a few days' illness, of diarrhoea. The *post-mortem* examination revealed tubercular deposit in the *inferior portions of both lungs*, the apex and middle being comparatively free. A urinary calculus, weighing 40 grains, was found in the bladder. The diarrhoea depended on tubercular ulcerations of the intestines.

Cancer in a Dog.—Dr. ISAACS presented a specimen of *cancerous disease* of the *mammary gland*, taken from a female dog of about 15 years of age. The tumor, which was of the size of an ordinary orange, appeared about a year ago, and gradually increased; three months since, it began to ulcerate. The dog was put under the influence of chloroform, and the diseased part removed. The tumor was found to consist of very hard, rounded masses, some of them creaking under the knife, and of a whitish-gray color; some softer, of a yellowish tinge. Under the microscope, abundance of cells were seen, having large nuclei, with nucleoli, with oil globules, and crystals of cholesterine, embedded in a fibrous stroma. It is now six weeks since the removal of the part, and

the animal is doing well—the wound has healed up perfectly. The disease will, in all probability, return.

Hip-Joint Disease.—Dr. ISAACS next presented a specimen of disease of the acetabulum, head of femur, &c., in a female, aged 25. The history of this case is very imperfect. She was seized with severe pain in the hip and groin, gradually increasing, and extending to the leg and foot. After some weeks, the limb could not be moved without great suffering. In about six months after the attack, an abscess formed under Poupart's ligament. Pus continued to be discharged till the time of death. On tracing up the fistulous track of the abscess, it was found to reach upwards along the inner margin of the psoas muscle, and under the fascia iliaca, nearly to the second lumbar vertebra, but had no connection with the vertebra of this region. Tracing the fistulous track downwards, it passed over the inner portion of the brim of the pelvis, down to the acetabulum, through which there was a carious opening, of the size of a sixpence, into the cavity of the hip-joint. The whole surface of the acetabulum was greatly eroded—the head of the femur was also in the same condition, and much of its substance has been destroyed. The cavity of the joint was filled with pus, which also could freely pass through into that of the pelvis. The tendons of the rotator muscles were still adherent to their points of insertion about the neck of the femur, and were floating in an immense abscess, which existed among the glutei and hamstring muscles. The uterus contained in its cavity a large, fibrous polypus; the left ovary had been converted into a fibrous tumor, about the size of a large orange.

Enlarged Prostate Gland.—Dr. ISAACS next exhibited a specimen of an enormously enlarged *prostate gland* taken from a black man, about 60 years of age; the third lobe was about the size of a musket-ball, and so placed as to shut up completely the orifice of the bladder. It yielded, however, very easily to the point of the catheter, when that instrument was introduced; and probably presented no great obstacle to its passage during life.

Cancer of Colon.—Dr. COCHRAN presented a specimen of *cancer* of the *transverse colon*, taken from a woman, 62 years of age. Three years ago, he was consulted for a diarrhœa, which continued for two months; on examining the abdomen, he found a hard mass about and below the umbilicus. From the existence of this mass, and the persistence of the dysentery, he was induced to infer malignant disease existed. The autopsy showed cancer, involving the colon, stomach, bladder, and peritoneum.

REGULAR MEETING, Feb. 14.

Bright's Disease.—Dr. CLARK presented several bottles of urine containing a considerable amount of blood, and a small quantity of albumen; there was nothing else worthy of notice. The

patient had been passing blood from the kidney for three weeks. In his opinion he was laboring under the first stage of Bright's disease; the blood being the result of functional congestion of the kidney. Another specimen was exhibited of the same color, taken from a gentleman, who, for the last two years, had passed bloody urine. On being placed under the microscope, it was found to be of a different nature. There were numerous cells visible, which seemed to be formed on variable laws; a few could be declared cancer cells; a few epithelial cells of the bladder were observed. The patient was probably affected with cancer of the bladder. A few days (three) after the present specimen was passed, the urine presented an entirely different appearance, having lost its deep red color; the deposit, however, was found the same in character.

Pathology of Inflammation.—Dr. CLARK then presented three specimens possessing some interest as showing modifications of the inflammatory process. The first specimen exhibited consisted of the lungs, trachea, and larynx of a child eight years of age, who died of croup. False membrane is seen extending down to the third division of the bronchial tubes; the trachea and larynx are also lined by the same tissue. On the fifth day (Sunday) after the commencement of the disease, tracheotomy was deemed necessary. The operation was accordingly performed by Dr. Buck, for whom the case is presented by Dr. Clark. From Sunday to Saturday the patient's condition was satisfactory, and hopes of recovery were entertained. On Saturday, however, she became restless, and respiration difficult, the tube being filled with false membrane. Dr. Mitchell, of Brooklyn, the patient being under his immediate care, was called during the night, and removed the inner tube; a piece of membrane was violently ejected six feet from the patient; a few hours after, a portion six inches in length was thrown out. No improvement followed, and the patient died on Sunday. On examination by the microscope, the membrane (from the internal surface of the trachea) seemed as if newly formed, and composed of small cells, markedly granular, arranged in lines; a series of cells was connected by structural material; occasionally a little thread was actually formed. Magnified four hundred diameters they appeared one-quarter of an inch apart. A grayish exudation occurs on the surface of the wound, thirty-six hours previous to death; the croupous membrane seemed as if coming through the opening. The structure of this exudation was entirely different, there being no cells, no fibres, but numerous minute granules; the muscular fibres were also surrounded by minute granules. For six days after the operation, the deposit was diphtheritic, composed of protein compounds and fatty matter. In the same connection, Dr. Buck inquired of Dr. Clark, if the grayish exudation found occasionally on the surface of wounds, refusing to heal kindly, was

not of the same character? He (Dr. Clark) found on examination that it was of the same general nature; portions of the exudation contained minute granules, others a few fibres further in the same connection.

Dysentery.—Dr. CLARK presented the large intestines of a patient, who died of dysentery, lasting thirty days, extensively ulcerated. Everywhere on the surface of the membrane, between the ulcerations, was a grayish exudation, which, on microscopic examination, was found to be constituted as the membranes just described, being composed of granules, and some portions containing fibres. These three exudations, Dr. Clark considered as products of the inflammatory process; there not being, in either case, a sufficient amount of inflammation, or *viability*, to produce a more highly organized tissue. Dr. Batchelder remarked that such exudations were more apt to be seen in cases of burns, and in feeble subjects.

Aneurism of Heart.—Dr. CLARK then exhibited for Dr. Cock an uncommon form of aneurism—an *aneurism* of the *heart*, at the base of the mitral valve of the left ventricle, about the size of a pullet's egg; the sac was lined with coagulated blood; the tissue of the heart around it was fibrous. The history of the case is incomplete. No physical examination was held. She had been in bad health for about one year, being troubled with cough, accompanied with expectoration. The immediate cause of death was double pleurisy, with effusion. Dr. Clark next presented a heart, weighing 27 oz. It was taken from a person who had passed through an attack of pneumonia, and was convalescing. There was an inconsiderable charge of the aortic valves.

Fibrous Tumors of Uterus.—Dr. FINNELL presented the uterus of a woman, far advanced in gestation, 25 years of age, containing 25 fibrous tumors, varying in size from a pea to the fist. She had been suffering for four days from cough and pain in the side. Coming out of church, she became sick, and died during the night. The *post-mortem* revealed the lower portion of the right lung congested—the other portions were healthy; the foetus was of full size. Dr. Clark considered it unusual for pregnancy to occur under such circumstances. Dr. Dalton called attention to the condition of the cervix uteri, the canal being perfectly distinct from the body of the womb. He considered it interesting, as disproving the old opinion that the canal gradually became obliterated as gestation advanced.

E. LEE JONES, M. D.,
Secretary.

DEMILT DISPENSARY,
NEW YORK CITY.

BURLINGTON COUNTY, N. J.

A stated (quarterly) meeting of the District Medical Society, for the county of Burlington, was held at Mount Holly, April 10, 1855. The president (Dr. TRIMBLE) in the chair. S. W. BUTLER was appointed secretary *pro tem*.

Present, Drs. TRIMBLE (Pres.), STRATTON, READ, COLEMAN, LONGSTREET, PAGE, GOODELL, and BUTLER.

Dr. T. T. PRICE was unanimously elected a member of the Society. Dr. WM. COOK, of Bordentown, was proposed for membership.

Drs. I. P. COLEMAN, H. H. LONGSTREET, and GEO. GOODELL, were appointed delegates to the American Medical Association.

The annual assessment from members to the funds of the Society was increased to three dollars.

Dr. COLEMAN read a paper on the *Contagiousness of Cholera*, a copy of which was requested for publication. Considerable discussion on the question.

It was ordered that, hereafter, the secretary publish the notices of the meetings of the Society in the REPORTER, in lieu of sending out notices.

On motion, adjourned.

S. W. BUTLER,
Secretary, pro tem.

BIBLIOGRAPHICAL NOTICES.

ART. VIII.—*Annual Report of the City Inspector of the City of New York* for the year 1853. Pp. 264.

Report of the Board of Health of the City of Brooklyn to the Common Council, Dec. 1854. Pp. 17.

Sanitary Reports of the City of Buffalo for the year 1854. Pp. 57. Printed by order of the Common Council.

Results of Sanitary Improvement, illustrated by the operation of the Metropolitan Societies for Improving the Dwellings of the Industrious Classes, the working of the Common Lodging-Houses Act, etc. By SOUTHWOOD SMITH, M. D. Pp. 22. London, 1854.

Report of the Commissioners for Public Baths and Wash-Houses, in the Parish of St. James, Westminster, to the Vestry. Pp. 22. London, 1854.

THE Report of the Inspector for the City of New York for the year 1853, is a comprehensive and exceedingly valuable document, containing tabular statements of deaths and their causes, for each month in the year, with recapitulatory tables of mortality for the year. The whole document is drawn up with great care, and with an evident desire, on the part of the inspector, to advance the interest of statistical science.

A recapitulation of the diseases of 1853 presents the following results:—

Zymotic ¹ (epidemic, endemic, and contagious),	5,886,	being 25.93 per cent.
Sporadic	16,816,	" 74.07 "

22,702

That is, in the ratio of 1 to 3.86 for the former, and as 1 to 1.35 for the latter.

In 1852, the zymotic were	6,543,	being 30.29 per cent.
" sporadic "	15,058,	" 69.71 "

21,601

Showing a difference in favor of 1853, in respect to the prevalence of epidemic diseases.

¹ This class of diseases comprises mostly such as are, to a very great extent, *preventible* by proper sanitary regulations.

More cases of intermittent fever were reported, within the city limits, in 1853, than for a long time previously. We presume the same prevalence of this complaint was true also of last year, and that its greater prevalence for the past few years has been general, at least in this section of the Union.

It was in 1853 that there was such an unprecedented mortality in New York, by sun-stroke (*coup de soleil*), amounting to 260 cases against 15 the previous year.

The large mortality caused by *consumption* is a noticeable fact, the sum being 2,739, or about one-eighth of the entire mortality of the year.

There is another outlet of human life, which is perhaps much greater than is generally supposed, viz: the *stillborn* and *premature births*. The loss of life from these causes is 1,930, viz: stillborn, 1,575; premature births, 355. The proportion to the whole number of deaths is about 7 per cent. Of the 1,575 stillbirths, 898 were males, and 677 females; excess of males, 221, or nearly 33 per cent.!

The importance of full records and complete tables of mortality, in a city like New York, is very great, and we hope that the zeal of Mr. Downing will be imitated by his successors in office. When a capable man is elected to such an office, it is to be regretted that custom will not allow him to retain it for a long period.

The report of Dr. Hutchinson to the Common Council of the city of Brooklyn gives a full statement of cholera cases treated during the past summer in the Brooklyn Cholera Hospital. The importance of *early treatment* in this disease, is exhibited by the fact, that while the mortality in the cases that were admitted in a state of *complete collapse* amounted to 82 per cent., the mortality of those who had the advantage of timely treatment amounted to but 1 in 35 cases.

The report of the health physician of the city of Buffalo, Dr. James M. Newman, is a very valuable document, and is devoted almost exclusively to the severe epidemic of cholera which prevailed in that city and vicinity the past summer. The epidemic which began in May, continued till November, reaching its height in July, during which month there were 454 cases and 221 deaths. In August, there were 392 cases and 232 deaths, showing a higher

rate of mortality than during the month of July. (The report for July includes cases which occurred at the Almshouse.) In this epidemic, the influence of *local causes* in producing the disease was remarkably exemplified. Unpaved streets and a defective sewerage, together with a lack of personal and household cleanliness, and the removal of filth and garbage from the streets, were evidently the sources from which the disease sprung, or acquired additional force. As further corroborative of the influence of local causes, the history of the Almshouse is interesting. The first case that occurred in that institution, was a man taken there from the city, on the 2d of June. The second, also taken from the city, occurred on the 1st of July; a third case was received on the 5th; and on the following day, the first case occurred among the inmates. A second case occurred on the 9th, from which date the pestilence raged with unabated fury throughout the entire month. The whole number of cases was 103, 99 of which originated within the institution. *Of these cases, 61 proved fatal!* Let us now inquire into the sanitary condition of the institution, which we will do by quoting Dr. Newman's own words, without note or comment of our own:—

“The buildings are of stone, and comparatively new, having been occupied but some three years. The main building is large, and, standing in the open grounds, presents a somewhat imposing appearance. But its internal arrangements reveal many anomalies in the architecture of this class of buildings. Its ventilation is faulty in the extreme. If any upward draught by flues exists, they are defective and inoperative, and ventilation can be only maintained by open windows. The house is without a hall of any description, and the rooms open from one into the other, so that to reach any room at either extremity you require to pass through the intermediate rooms. The hospital wards are the same, opening into each other, so that the isolation of the sick is impossible. The ceilings are without lath or plaster, consisting simply of the flooring laid upon the timbers, allowing, through the unavoidable shrinkage, free passage for all noxious emanations throughout the entire house. The cooking and washing apparatus of the establishment was in the basement, at or near the centre of the building, and the most conveniently arranged for the dissemination of the foul vapors therefrom over the entire house. A similar arrangement for cooking existed in the insane building. The sewerage was defective, and the brick floor of the main building damp. There was an entire absence of all water-closet arrangements for the accommodation of the sick, and night-pails were of necessity used in the sick wards, and unnecessarily permitted to stand; and, at the time of our visit, large numbers were congregated in the corners of each room, full of filth, giving out their foul, deadly odors.

“The food of the inmates was unwholesome. During the winter, there had been a great want of vegetable food, and during the spring and summer, as far as we could ascertain, an entire absence of it. The potatoes raised on the farm had the most part rotted in the winter; their high price in the market prevented the purchase of others, and care was not taken to procure sub-

stitutes. The meat was salt (several cases of survy had occurred during the winter). A meagre quantity of fresh meat was supplied once a week. The bread, though made from superfine wheat flour, was sour and unbaked. That this was not an accidental or casual occurrence, was proved by the matron in charge of the children, who stated that the specimen exhibited to her, and taken from the table where the evening's rations had been prepared, was of a more than average good quality, and made use of the striking expression, 'that it was frequently so sour that it curdled the milk, when crumbled into it for the children's supper!' Were it not for appearing to delight in painting a revolting picture, I could extend the description to the construction and management of the insane department. But enough has been presented to direct public attention to the subject. Why need we look further for the causes of the pestilence, than those which existed within the building?

"A proof of its local causation can be found in the disappearance of the disease upon the adoption of a more sensible hygienic course, and an improved diet. Under this improved state of things, the introduction of a case of cholera into the house, on the 29th of August, was insufficient to develop the disease, although the epidemic influence over the city was not exhausted, as is proved by its prevalence during the entire month of September."

The total number of cases reported was 1,036, and the deaths 572.

If we had space, it would be interesting to trace the history of the pestilence, as it occurred at the Suspension Bridge, about one and a half miles below Niagara Falls. The total number of cases on both sides the river was 90, and the deaths 70.

We had intended to take some notice of our author's observations on the hygrometric condition of the atmosphere, and its influence on the causation of disease; but neither time nor space will permit.

There is no part of the world that surpasses England in the system, order, and practical working of its sanitary arrangements. The undivided attention to the subject of the Registrar-General, aided by the unremitting labors of such men as Edwin Chadwick, Esq., and Dr. Southwood Smith, with the co-operation of Parliament, concentrate upon it an array of talent that is calculated to develop the benefits of sanitary regulations to the full extent that the intelligence and spirit of the age will admit of.

Among other plans of sanitary improvement in that country, is the all-important one of *improving the dwellings of the industrious classes*. Among the associations for this object are the "Metropolitan Association," and the "Society for Improving the Condition of the Laboring Classes."

We will briefly glance at the workings of the former Association, and its results. This is a chartered body, having special privileges.

" Their plan was to erect a large building, divided into suites of apartments capable of accommodating a number of families, and provided with the following sanitary conditions:—

- " 1. The thorough subsoil drainage of the site.
- " 2. The free admission of air and light to every inhabited room.
- " 3. The abolition of the cesspool and the substitution of the water-closet, involving complete house-drainage.
- " 4. An abundant supply of pure water.
- " 5. Means for the immediate removal of all solid house refuse not capable of suspension in water, and of being carried off by water."

The system had been in practical operation about five years, at the date of the pamphlet before us.

" The Metropolitan Buildings (Old Pancras Road) consist of 110 sets of rooms, 20 being sets of two rooms, and 90 of three rooms. Attached to each set of rooms is a scullery, provided with a sink, a supply of water, at high pressure at the rate of forty gallons per day, and the means of carrying off ashes and other solid refuse through a shaft accessible from the scullery. There is no cesspool on the premises. The water-closet, substituted for the privy, is situated in the scullery, the door of the closet being so hung as, when open, to shut off access to the scullery.

" Each living-room is furnished with a range, boiler, and oven. By an extremely small quantity of fuel the oven is capable of baking bread, cooking meat and any other kind of food, and the boiler contains a quantity of hot water always ready for use.

" The ground in front of the building is inclosed by iron rails, and forms a protected space for the children of the residents, and at the back there is a wash-house, with a drying-ground attached for the use of the families.

" The sum expended on these buildings amounts to £17,736 17s. 11d. The rooms, which average from 14 ft. by 10 ft. 6 in. to 13 ft. by 8 ft., are let from week to week; the rent of each set varies from 3s. 6d. to 6s. 6d. per week.

" That these rents are moderate will be seen by comparing them with the rents commonly obtained in the metropolis.

" In the streets in the neighborhood of Drury Lane, for example, single rooms let for from 3s. to 4s. 6d. per week. The average rental in Westminster for a single room, not 12 feet square, is 3s. per week.

" The total rents receivable from the various establishments of the Association since December, 1847, amounts to £14,630 11s. 7d., of which there has been actually received £14,594 6s. 11d., leaving a deficiency from bad debts of only £36 4s. 8d. for five years."

The Association has other sets of buildings erected on substantially the same plan. The remuneration which the Association received in rents amounted, in 1853, to nearly 5 per cent. on the outlay, showing that the investment of capital is quite as good as some more popular modes of investment. The charter of the Association limits the dividends to 5l. per cent. per annum.

So much for a *money* view of the experiment. Now for the more important matter of its influence on health, lives, and morals of the class for whose benefit the experiment was made.

1. *Health*.—There has been, in the improved dwellings, complete exemption from typhus, cholera, and, it may be added, small-

pox. When it is remembered that these diseases, even when they do not prove fatal, consume so large a portion of the *time* of the laboring man, to whom time is, in its most emphatic sense, money, the importance of any measure that will diminish their frequency will be better appreciated.

2. *Mortality*.—There has been a vast difference between the mortality in these improved dwellings and in other portions of London.

"In 1850, the total population in the Metropolitan Buildings, Old Pancras Road, was 600, and the deaths were 7, being at the rate of $12\frac{1}{2}$ in 1,000 of the living.

"In 1851, the total population was 600, and the deaths were 9, being at the rate of 15 in the 1,000.

"In 1852, the total population was 680, and the deaths were 9, being at the rate of 13 and a fraction in the 1,000. The average mortality of the three years in these buildings has been 13.6 per 1,000.

"But taking together the whole of the establishments of the Association, which had now come into full occupancy, the total population for the year ending March, 1853, amounted to 1,343. Out of this number there were, during that year, 10 deaths, being at the rate of 7 and a fraction in the 1,000.

"If this mortality is compared with the mortality of the metropolis generally, and with the mortality of one of its worst districts, the following results are obtained:—

"The deaths in the whole of the metropolis, during the same year (1852), reached the proportion of 22 and a fraction in the 1,000; consequently, the total mortality in London generally, taking together all classes, rich and poor, was proportionally more than three times greater than the mortality in these establishments.

"On a comparison of the infant mortality in these dwellings with that of the metropolis generally, the results present a still more striking contrast. Of the total population in the establishments of the Association (1,343), 490 were children under ten years of age. Among these there occurred 5 deaths, being in the proportion of 10 in the 1,000. In the same year, the infant mortality in the whole of London reached the rate of 46 in the 1,000; consequently, the infant mortality in the establishments of the Association has been little more than one-fifth of that in London generally.

"This low rate of mortality, the comparative absence of sickness, and the general state of well-being implied in the two former conditions, will appear the more remarkable when compared with the mortality in one of the worst districts of the metropolis.

"In the Notting Hill division of Kensington Parish, there is a place called the 'Potteries,' which is wholly destitute of the sanitary provisions secured to the improved dwellings. Until recently it had no drainage, and even now there is little that is effectual. It has no supply of water, no means for the removal of filth, and the houses are dirty, damp, and miserable beyond description or belief.

"According to the census of 1851, the population of the Potteries was 1,263; and the number of children at that time living, under ten years of age, was 384. As the population of this place is not migratory, but quite stationary, it may be assumed to be pretty much the same in 1853 as it was in 1851. At all events, it may be considered as sufficiently so, to afford the means of comparing its mortality for that year with the mortality of the Metropolitan Buildings.

"From the returns of the Registrar-General, it appears that, during the year ending the 31st of March, 1853, the total deaths in the Potteries, from all causes, amounted to 51. In the Metropolitan Buildings the deaths were 10; so that, with a smaller population (80 less), the deaths were 41 in excess. In the Potteries, the deaths from all causes, under ten years of age, were 42; in the Metropolitan Buildings there were 5, being an excess of infant mortality, in the Potteries, of 37. In the Potteries, the proportion of deaths per cent. to the population was 4.03, or 40 in the 1,000; in the Metropolitan Buildings it was .74, or 7 in the 1,000, being an excess in the Potteries of 33 in the 1,000. In the Potteries, the proportion of deaths per cent., under ten years of age, to the population under ten years of age, was 10.9, or 109 in the 1,000; in the Metropolitan Buildings it was 1.0, or 10 in the 1,000, being an excess in the Potteries, of 99 in the 1,000. In the Potteries, the proportion per cent. of deaths from zymotic diseases, under ten years of age, to the population, was 5.2, or 52 in the 1,000; in the Metropolitan Buildings it was .82, or 8 in the 1,000, being an excess in the Potteries, of 44 in the 1,000."

"If the deaths in the whole of the metropolis had been at the same rate as in the Potteries, there would have died in London, in that year, 94,950 persons, whereas the actual deaths were 54,213; that is, there would have been a loss of upwards of 40,000 lives; and if the whole of the metropolis had been as healthy as the Metropolitan Buildings, Old Pancras Road, on an average of the three years, there would have been an annual saving of about 23,000 lives."

The most conclusive evidence, however, of the efficacy of sanitary provisions to prevent the recurrence of epidemic diseases, and greatly to reduce the rate of mortality, may be found in the following narrative:—

"Three years ago, Lambeth Square was as unhealthy as the Potteries. The population remained the same; the occupations, mode of life, and habits of the people remained the same; no change of any kind took place, excepting the introduction of certain sanitary improvements. No history is more instructive.

"Lambeth Square is situated in the Waterloo Road district of the parish of Lambeth. It consists of 37 eight-roomed houses, which let at about £28 a-year, and are chiefly occupied by the foremen of large establishments, and the more skilled and highly paid class of artisans. In outward appearance, and in their general aspect within, these houses are very superior to the ordinary abodes of the same class in other parts of the metropolis, and present no obvious cause of peculiar unhealthiness.

"According to the last census, this square contains a population of 434 souls. Among this number, on a house-to-house examination, it was found that in one year (1851), there had occurred 80 attacks of zymotic and other diseases, and 24 deaths; that is, nearly one person in every five had been laid up with sickness, which had proved fatal in the proportion of between 50 and 60 in 1,000.

"When built, about twenty years ago, these houses had been fitted up with untrapped closets, communicating with flat-bottomed brick drains, then in universal use. A number of the drains passed directly under the houses; they were wholly unprovided with any regular water supply for cleansing; consequently, instead of carrying away the ordure, they retained it within the houses; and the emanations arising from the stagnant mass of putrefying matter were carried back into the houses, through the open closets, in a proportion increasing with the obstruction in the drains.

"At the beginning of 1852, a new system of drainage was applied to the whole square. Water-closets were substituted for cesspools, and stoneware

pipes for brick drains, and the apparatus was provided with an adequate supply of water.

"By these improvements, the houses were placed in the same sanitary condition essentially as the Society's dwellings. The result on the health of the inhabitants was strikingly similar. On a re-examination of this property in November of the present year (1853), it was found that the mortality had been reduced from 55 in 1,000 to 13 in 1,000."

3. *Morals*.—The favorable influence on the *morals* of the occupants of these improved dwellings has been very marked. Dr Smith says:—

"Moral pestilence has, at the same time, been checked. The intemperate have become sober, and the disorderly well conducted, since taking up their abode in these healthful and peaceful dwellings. No charge of crime, no complaint even of disturbance, has been lodged at any police station against a resident in these dwellings since their first occupancy."

We have drawn largely from this little pamphlet, and yet we are not satisfied, for the subject of which it treats is of vast importance, and it is pregnant with facts of the most practical and useful character. We shall make further quotations from it hereafter.

EDITORIAL.

THE AMERICAN MEDICAL ASSOCIATION.

ON Tuesday, the 1st day of this month, this body commences its eighth annual session in the city of Philadelphia. Provision has been made for a very large representation of the profession from every part of the Union, and there is reason to hope that the influence of the meeting will be felt for good, throughout our wide-extended land. That this body, though so recently organized, has already accomplished *much* good, is too evident to need a record of the proof. That it has not yet accomplished *all* that is desirable, is a matter of course. The same can be said of every human institution, and is even charged against the divine institution—the Christian religion. But we do not intend to discuss this matter here, as such discussion is rendered unnecessary by the able article on the subject which appears on preceding pages of this number.

We anticipate a harmonious meeting, though there are always hanging around such assemblies a set of individuals of questionable standing, who seek notoriety by bullying men of note, and thrusting themselves forward on every possible occasion. Such attempts, to which all public bodies are more or less exposed, we hope will be treated with the dignified silence and contempt they deserve. There is too much important business to come before the Association to waste time on *parasites*.

The profession of Philadelphia have made ample arrangements for the entertainment of the delegates, and for exhibiting to them the natural and artificial beauties of the city and vicinity. In accordance with a resolution adopted at the meeting at St. Louis, there will be no *public* entertainment, as has, unfortunately, been customary for the past few years. In lieu of this the delegates will be entertained at the houses of resident physicians and citizens—a much better plan in many respects. Arrangements have been made with several of the lines of railroad to convey members at half the usual fare. We are very sorry not to see the

railroads that pass through our State, on the list of those who have agreed to this arrangement.

Who will be the next President of the Association? Will the precedent of selecting him from the city or vicinity in which the meeting is held, be followed? If so, there will be no difficulty in making a choice. If otherwise, we trust one will be chosen who has been prominent in advancing the interests of the Association. "Honor to whom honor is due."

We expect to be present at all the sessions of the Association, and have made arrangements with the Secretary, by which we will secure a *full and authentic* report of the proceedings, which will appear in our June number. The REPORTER has for several years published full minutes of the proceedings of the Association. It had its commencement the same year in which the Association was organized, has ever been one of its firm supporters, is publishing a full and authentic history of the Association from its commencement to the present time, accompanied by portraits of the Presidents; and it is largely supported by the literary and pecuniary contributions of prominent members of that body. In its future course it will still be identified with the interests of this and of our other medical organizations, and in return asks for a hearty support from the well-wishers of our profession.

THE OHIO MEDICAL SOCIETY AND PATENTS.

It has never been our good fortune till recently to know "by the card," of the existence of the Ohio Medical Society. Our friends in that State do not seem to have found out that the NEW JERSEY MEDICAL REPORTER occupies a large amount of room in notices of the principal medical organizations of the country. We had the privilege, however, a few days since, of glancing at the transactions of the past year, which seems, in most respects, to be a very creditable production. One thing, however, served to mar its beauty in our estimation, exceedingly. Our eye fell on a resolution to the following effect—we quote from memory:

"*Resolved*, That it is *not* derogatory to the profession to hold patents for surgical or dental instruments."

If we remember rightly, a resolution of the above import passed *unanimously*. Can it be that there was not *one* of the profession of the great State of Ohio who could raise his voice

against the adoption of a resolution so glaringly inconsistent with the code of ethics of our National medical organization, which declares that it is "*derogatory to professional character for a physician to hold a patent for any SURGICAL INSTRUMENT or medicine,*" &c.? The system of ratiocination that would declare it not derogatory to professional dignity to hold patents for *surgical* and *dental* instruments would open upon us the floodgates of quackery. For, what is an "instrument" but the means of accomplishing a given end, whether it be made of steel, or aloes, gamboge and calomel, of silver, or *nitrate* of silver; whether it be a pair of forceps, or a box of pills? It seems to us the members of the Ohio Medical Society must have been drowsy or asleep when a resolution was carried unanimously so palpably in conflict not only with the code of ethics of the American Medical Association, but of nearly every medical organization in the land, and with professional sentiment everywhere. The thoughtlessness of adopting a resolution which conflicts so with our national code of ethics, is more manifest in view of the fact that the Society at the same sitting, appointed a full delegation to the Association which meets in Philadelphia this month.

The question arises, What will the Association do in the premises? Will the delegates from this Society be received, or will they be rejected, until this conflicting and really unprofessional resolution is expunged?

We are compelled to believe that this action was an oversight on the part of the Society, and that it will take the first opportunity to recede from so inconsistent a position. We have no doubt that if the Transactions were before us, we would find much in them to commend, but this particular resolution we *cannot* commend.

QUACKERY CANONIZED!

It is a favorite trick of pretenders to the healing art to inveigle physicians and clergymen into a real or apparent support of their pretensions. Hence, considerable pains are taken to enlist their good-will, or bring them under a sort of obligation, and thus secure their influence, just as concert singers, showmen, &c., send free tickets to the families of clergymen and others. The columns of our religious newspapers are too often soiled with the adver-

tisements of quacks, and some of them have even lent their editorial department to the advocacy of the claims of certain medicines or advertising doctors. We could instance in support of our assertion what we have seen in religious newspapers taken in our own family, and we have no doubt but most of our readers can corroborate our statement from their own observations.

But pretenders are not even thus easily satisfied, but, like the ass in the fable, clothe themselves with the lion's skin, when they are only known by their braying. Thus, we have the *Rev. Mr. Bartholomew's lung syrup*, *Bishop Berkley's tar-water*, &c. &c.

Neither is *this* the *ne plus ultra* of this species of wickedness. The following case recently came under our observation, and we intended to have exposed it in our last number, but had not space. An individual in Brooklyn calling himself "*Rev. John M. Dagnall*," like a very Saul among the prophets, is possessed with the spirit of prophecy. Unlike his good Master, however, the burden of his prophecy is not "*Repent: for the kingdom of heaven is at hand*,"—but—"Take my pills, and pay for them—forty for only one dollar—and live!" This man having been benefited, as we have no doubt (and as the merest tyro in medicine could have told him he would be likely to be, if the medicine was applicable to his case), in an attack of nervous debility by the use of the extract of *Ignatia Amara*, whose active principle is strychnia, seizes upon the occasion to enrich himself under the garb of benevolence, by pampering to the credulity of the public. Knowing that many do suffer from nervous debility, he very ingeniously promises, by means of advertisements, a remedy for their sufferings—all for humanity's sake! True, he offers to send the receipt, but well knows that, in most cases, the credulous will only be satisfied with his own preparation of the medicine. The bait took, and the correspondence (and the *dollars* too probably) increasing "in a ratio for which he was wholly unprepared," he was obliged to secure the assistance of a "retired" medical (1) friend, and appoint a certain house in Brooklyn his "sole agents!"

We wonder if it never occurred to the "*Rev. Dagnall*" that he might possibly have discharged his "sacred duty" to a greater number of sufferers, by saving the money his advertisements cost
 1 reaching the medical profession through their medical

periodicals and associations? But, with all deference and charity, we must say that was no part of his object, but his "sacred duty" was, to make money by practising on the credulity of his fellow men. To leave no channel closed through which a few dollars might possibly flow, his circular closes with the *Nota Bene*, that it is always a source of pleasure to him "to receive communications detailing results of a beneficial character, emanating from the use of the Ignatia."

We hope that no harm will result to any of the "Rev." gentleman's patients by so indiscriminate a use of one of the most powerful remedies in the arcana of nature.

STIMULANT TONICS.

There is no issue between ourselves and our friend, Dr. J. Henry Clark (see article on a preceding page), on the utility of alcoholic stimulants in the practice of medicine, any more than in the use of many other poisons to be found on the shelf of the apothecary.

But, we are sorry to say that there seems to be a difference of opinion in regard to the exemption of *every* species of intoxicating and fermenting liquor from public sale. If we understand Dr. Clark, he would exempt *lager-beer* because it is a good tonic. We say, if you "exempt" one, you exempt all—put *all* on a par with every other species of poison. Lager-beer is no more essential to the well-being of our German than of our American population. If that is exempted for them, wine must be for the French and Swiss, beer for the Englishman, &c. &c. In some portions of Hungary it is said that there are certain people termed *Arsenic-eaters*, who are in the habitual use of that dreadful poison which serves the purpose of putting them "in good condition," as it is termed. Would our friend have arsenic sold promiscuously that men might put themselves in "good condition" by its use?

 In this number of the REPORTER we give another of our series of steel engraved portraits of medical men who have distinguished themselves in the history of our National Medical Association. Dr. Davis's portrait ought, by rights to have been the *first* of the series; but, in a matter of this kind, the initiated know that some management is necessary. The portraits of Drs. Wellford and Pope are engraved, and will follow soon.

We have it in contemplation soon to introduce portraits of some of the distinguished French savans. Whether we do or not, will depend on our subscribers.

 We have received a number of flattering notices of our April number. For these we are duly grateful, and shall continue to try and deserve the good opinion of the profession. We are under very great obligations for the favors of numerous able correspondents, and have good ground to promise our readers a continuation of them.

 We have articles on hand from "Members of the American Medical Association"—Dr. J. Henry Clark, Dr. A. Hunton, and Dr. D. W. Maull.

MISCELLANY.

Dr. E. BROWN SEQUARD has resigned the chair of Institutes of Medicine, &c. in the Medical College of Va., at Richmond.

We perceive that a plant known by the name of "bitter bush," a product of the Island of Jamaica, is highly recommended as a remedy for cholera, when used at an early stage of the disease. It is represented as being regarded almost in the light of a specific by the inhabitants of Jamaica. May not its properties depend on the bitter principle, and may not that in its action be analogous to quinia?

A CORRESPONDENT of an exchange paper, speaking of the commencement in a certain medical college in which theses were read in public, charges that they contained a little too much of the *titillabo te titillame*, a sad comment on the depreciated value of the medical diploma.

 We have been compelled to leave out a great deal of matter prepared for this number.

NECROLOGICAL RECORD.

DIED.—In Hightstown, New Jersey, on Tuesday, March 27th, C. C. Blanvelt, M. D.

 Will correspondents give us notice of the decease of physicians in their vicinities?

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ART. I.—*American Medical Association. Proceedings of the Eighth Annual Meeting, held in Philadelphia, Pa., May 1 to 4, 1855.*
(Specially Reported for the New Jersey Medical Reporter.)

ON the morning of Tuesday, May 1st, at 11 o'clock, the Association assembled in the spacious hall of the Musical Fund building, and at 11½ A. M. was called to order by the President, Dr. C. A. Pope, of St. Louis, the Vice-Presidents taking their seats on either hand of the President. The ex-Presidents were invited to take seats on the platform.

Drs. E. S. Lemoine, of Mo., and Francis West, of Pa., took their seats as Secretaries.

Dr. Isaac Hays, of Philadelphia, chairman of the Committee of Arrangements, on behalf of the Profession of Philadelphia, extended a cordial greeting to the members of the Association. Dr. Hays then stated that 337 delegates had registered their names.

The Chair announced the business first in order, to be the calling of the roll.

It was suggested that each delegate should rise to his feet as his name was called, which was approved.

The following list embraces the names of all delegates and members in attendance during the entire session of the Association.

MAINE.—Drs. A. J. Fuller, G. S. Palmer, Alpheus F. Page, N. P. Monroe, Jas. C. Weston, Nathan Emerson, H. N. Page, J. P. Dickinson—8.

NEW HAMPSHIRE.—S. Cummings, Thos. H. Marshall, D. T. Parker, J. Crosby, Henry B. Brown, Frederick Boyden, E. R. Peaslee—7.

VERMONT.—Geo. F. Elliott, I. Hinckley, J. Perkins, C. Clark—4.

MASSACHUSETTS.—Henry Willard, Wm. M. Cornell, E. P. Eastman, N. Thompson, Geo. Hayward, Winslow Lewis, J. Stimson, M. Root, Anson Hooker, J. W. Bemis, H. Richardson, E. Buck, B. C. Cutting, C. F. Fisher, Wm. H. Page, H. Ward, E. B. Moore, J. H. Yorke, A. Le Baron Monroe, G. Kimball, S. G. Burnap, J. G. Metcalfe, R. T. Davis, A. Shurtleff, Jas. Farnum, B. Cox, Jr., Jno. Homans, A. P. Hooker, Ambrose Eames, A. C. Fry, E. D. G. Palmer, S. L. Sprague, Calvin Ellis, J. N. Borland, D. H. Storer, E. H. Clark, Jno. Green, C. D. Homans, Stephen Hare, Jno. O. Green, Wm.

Workman, Jos. Sargent, H. Sargent, C. C. Holmes, E. D. Miller, J. Blake, Benj. Cutter, Francis Leland, Luther Parks, Jr., Geo. Choate, Levi Folsom, J. M. Warren, C. P. Fiske—53.

RHODE ISLAND.—U. Parsons, J. Mauran, A. Ballou, J. H. Eldridge, C. W. Parsons, Wm. O. Brown, David King—7.

CONNECTICUT.—P. A. Jewett, G. C. Buddington, N. B. Ives, H. M. Matthews, Reynold Webb, L. J. Sandford, J. Nicoll, J. G. Beckwith, S. T. Salisbury, Jas. Welsh, Sam'l Noyes, Chas. Hooker, Jonathan Knight, E. H. Bishop, A. Woodward, J. D. Ford, L. Williams, F. L. Dickinson, Alden Skinner, C. H. Lindley, J. Canfield, L. N. Beardsley, G. W. Barker, Ira Hutchinson, E. B. Nye, D. Harrison, R. Hubbard, G. L. Platt, D. S. Burr, Wm. W. Welch, M. H. Wilson—31.

NEW YORK.—J. M. Newman, I. Wood, D. M. Reese, A. C. Post, M. H. H. Parkhurst, A. F. Doolittle, G. L. Little, A. L. Saunders, F. C. Stewart, D. Green, J. W. Corson, Wm. Rockwell, J. F. Jenkins, J. G. Orton, R. O. Crandall, B. F. Barker, Horace Green, C. H. Wilcox, F. H. Hamilton, T. A. Emmitt, E. Schilling, E. Krackowizer, T. N. Zellhauff, J. McCall, N. H. Dering, J. Reed, J. Watson, J. M. Smith, W. C. Anderson, E. M. Armstrong, Thos. Jackson, T. C. Fennell, C. Budlong, H. S. West, E. H. Davis, A. Baker, Jr., N. H. Eastman, P. A. Brooks, A. Willard, S. Smith, J. Shark, J. Warren, H. S. Davis, Alden March, C. G. Pomeroy, C. G. Bacon, J. E. Todd, E. Carr, H. W. Brown, E. B. Warner, J. Wooster, C. Henschell, J. P. White, J. O. Pond, J. L. Phelps, J. P. Batchelder, S. S. Purple, J. C. Hutchinson, T. F. Cock, J. A. Garrish, P. Earle, Wm. N. Blakeman, L. A. Sayre, T. A. Wade, Louis Bauer, D. S. Conant, J. A. Monell, M. Stephenson, H. D. Bulkley, Alonzo Clark, H. M. Dean, F. Hyde, H. Jewett, J. M. Austin, T. F. Denning, J. H. Trask—76.

NEW JERSEY.—A. D. Woodruff, T. F. Cullen, J. H. Hampton, R. M. Cooper, Lewis Condict, H. H. Longstreet, G. Goodell, I. P. Coleman, Chas. Cook, J. Thompson, A. D. Morford, J. R. Stuart, O. H. Taylor, Wm. Elmer, S. W. Butler, J. R. Sickler, I. S. Mulford, J. H. Phillips, Jno. Blane, Zach. Read, B. H. Stratton, L. A. Smith, E. Fithian, C. F. Clarke, Geo. R. Chetwood, Q. Gibbon, J. B. Munn, T. J. Corson, P. F. Brakely—29.

PENNSYLVANIA.—Isaac Hays, Geo. B. Wood, R. McGiven, E. Hartshorne, J. B. Biddle, F. West, F. Barker, Jno. Neill, F. G. Smith, Jr., J. Carson, P. B. Goddard, J. Rod. Paul, Chas. James, H. Carpenter, G. Emerson, D. A. Moser, J. A. Martin, R. K. Smith, H. L. Hodge, Sam'l Jackson, J. Pancoast, C. D. Meigs, D. Gilbert, J. McClellan, I. A. Pennypacker, H. Hartshorne, Geo. W. Norris, S. Littell, A. Stillé, J. J. Reese, J. L. Ludlow, H. H. Smith, Robt. Thomas, S. L. Hollingsworth, W. V. Keating, Caspar Wister, B. S. Janney, T. H. Yardley, D. F. Condie, P. D. Lajus, W. Jewell, Jno. Bell, T. F. Bolton, S. Jackson, Wm. B. Page, Sam'l Lewis, A. E. Stocker, W. H. Klapp, E. Wilson, Jno. Coney, J. W. Emlen, Arnold Naudain, L. Curtis, Wm. Maybury, R. H. Townsend, N. L. Hatfield, J. H. Smaltz, T. Hewson Bache, J. M. Corse, I. Thompson, N. Emanuel, C. J. Morton, J. B. Stubbs, P. Cassidy, J. R. Raub, T. Ellmaker, R. Duncan, Jno. L. Atlee, J. M. Gemmill, F. M. Heister, P. G. Bertolet, Wm. Gries, E. Wallace, Jno. Dyer, J. DaCosta, C. H. Martin, Hiram Corson, C. Shoemaker, Jno. L. Foulke, Wm. R. Finley, A. Roxhrock, H. Bond, Geo. J. Zeigler, R. LaRoche, B. H. Coates, W. Sargent, W. L. Atlee, J. D. Ross, Jas. Bryan, Wm. Ashmead, J. Lowman, J. F. Lamb, L. Rodman, R. M. Jackson, W. S. Thompson, Wm. Corson, Jas. S. Carpenter, Geo. Halberstadt, A. Hewson, O. W. James, Wm. Pepper, J. W. Kerr, H. Y. Smith, A. M. Pollock, W. H. Worthington, A. K. Gaston, S. A. Ogier, R. E. James, E. Swift, J. G. Koehler, J. M. Cooper, W. W. Townsend, John Ream, J. A. Ehler, A. Heger, M. Stillé, G. Fox, L. Turnbull, T. S. Spencer, T. Green, W. J. Wilson, G. W. Wimley, J. H. Dorsey, W. M. Guilford—124.

DELAWARE.—R. H. Clarke, H. F. Askew, Jno. Merritt, G. Salisbury, J.

Couper, J. W. Thomson, Wm. R. Bullock, J. F. Wilson, L. P. Bush, J. P. Wales, R. R. Porter—11.

MARYLAND.—R. H. Thomas, P. Wroth, J. Hopkins, Sam'l P. Smith, A. M. White, W. Duvall, C. Macgill, A. S. Piggott, W. H. Baltrell, T. Matthews, G. W. Miltenberger, J. E. Chamberlain, T. W. Martin, E. M. Hardcastle, F. Donaldson, T. C. Kennon, C. Johnston, C. Frick, J. K. Sappington, J. Gilman, S. K. Handy, Jas. Bordley, Wm. B. Crane, F. E. B. Hintze, G. W. Lawrence, W. F. Bell, J. F. Monmonier, D. O. O'Donnell, W. H. Davis, Wm. Riley—30.

DISTRICT OF COLUMBIA.—L. H. Steiner, Thos. Miller, B. J. Hellen, G. Tyler, A. J. Semmes, J. Riley, H. Lindsley, J. C. Hall, C. Boyle, G. M. Done, W. I. C. Duhamel, J. E. Morgan—12.

VIRGINIA.—P. Trent, J. L. Dorset, C. B. Gibson, B. R. Wellford, D. H. Tucker, H. H. McGuire, Jas. Lyle, J. L. Cabell, B. W. Allen, J. W. Smith, J. F. Peebles, T. C. Spencer, P. C. Gooch, J. C. Cabell, P. F. Brown, Wm. B. Cochran, J. M. Hurt, A. S. Dillon—18.

NORTH CAROLINA.—O. F. Manson, N. J. Pittman, C. F. Dewey, J. R. Thompson, B. W. Mayberry—5.

SOUTH CAROLINA.—T. T. Robertson, J. F. Geddings, N. H. Gibbes, W. W. Mobley, R. F. Michel, J. L. Dawson, R. S. Bailey, C. Happoldt, T. J. G. Prieoleau, H. R. Frost, S. Farr, F. M. Robertson, P. C. Gaillard, Amory Coffin, Octavius White, R. A. Kinlock, H. W. DeSaussure—17.

GEORGIA.—R. D. Arnold—1.

ALABAMA.—Wm. M. Boling, P. H. Cabell, A. Denny, S. W. Clauton—4.

TENNESSEE.—F. A. Ramsay, R. C. Foster, J. B. Lindsley, John Millington—4.

KENTUCKY.—C. J. Blackburne, J. C. Johnston, T. G. Richardson, D. D. Thompson, J. H. Bradford, J. B. Flint, A. B. Cook, W. A. Norwood—8.

OHIO.—Levi D. Scheetz, J. C. Williams, R. Hills, R. B. Leonard, J. F. Potter, E. Gaston, R. R. McIlvaine, C. D. Cotton, A. Cary, A. Dunlap, R. D. Mussey, Dan'l Tilden, T. W. McArthur, A. M. Johnson, Wm. Clendenin, T. H. Baker, W. S. Battle, A. Evans, C. G. Comegys, Thos. Wood, S. M. Smith, Jno. Dawson, J. P. Walker, O. D. Norton, Jno. F. Holston, Caleb Jones—26.

INDIANA.—M. M. Latta, Joel Pennington, T. U. Florer, E. Murphy, W. E. Sarber—5.

ILLINOIS.—N. S. Davis, J. W. Freer, Jos. Stout, D. Brainard, A. H. Luce, S. M. Noble, R. Rouse, J. V. Z. Blaney—8.

MICHIGAN.—N. B. Stebbins, H. Taylor, J. H. Rauch, Wm. Brodie, Zina Pitcher, A. B. Palmer—6.

IOWA.—J. E. Sanbourne—1.

WISCONSIN.—A. S. Castleman, J. J. Brown, J. B. Dousman, J. K. Bartlett, C. G. Pease—5.

MISSOURI.—C. A. Pope, L. P. Perry, T. C. Massie, E. S. Lemoine, E. F. Smith—5.

U. S. ARMY.—G. R. B. Horner—1.

U. S. NAVY.—T. Dillard, J. M. Greene, Sam'l Barrington—3.

PARISIAN MED. SOCIETY.—W. F. Atlee—1.

Total number of delegates, 510.

The President, Dr. Chas. A. Pope, being called upon, delivered the annual address, as follows:—

Gentlemen: With feelings of grateful pleasure, I meet you, and greet you, on this occasion.

For high and useful purposes, have we assembled from the wide extent of our beloved country. The elevation of a noble profession—the promotion of science—the good of humanity—these have been, are, and will continue to be, the objects of our Association. Whether we have, thus far, done much or little, our sole aim has been the advancement of the best interests of our

fellow men. I shall not assert that we have done as much as we might have done, or that the course hitherto pursued by us is so perfect as to admit of no improvement. Were such the fact, and were the Association a firmly established institution, I might have experienced more hesitation in the selection of a theme for the present occasion. And since we cannot, as yet, I think, urge such a claim, the few suggestions which I shall offer are made with becoming diffidence, but at the same time with a deep sense of their importance to the welfare and perpetuity of our Association.

Some strictures on our proceedings, in medical and other journals, have appeared within the last year, as well as in previous years. I shall not here blame the authors of them. They are, doubtless, as proud of our noble profession as we, and equally with us, anxious for the advancement of its interests and its honor. I thank them for their suggestions. All of us are ready to hear them and to profit by them. If any more effectual mode of arriving at truth can be devised, than that which we have heretofore pursued, all of us are ready to follow it, and would rather thank than quarrel with those who may propose it.

Physicians have an almost superhuman mission to fulfil. The goal of their ambition, and their hopes, and their duty, stands at the *ultima thule* of human capacity—nay, rather beyond it. It cannot, indeed, be said, that their duties are beyond their powers, but their ambition, their hopes, their wishes certainly are. They would gladly know, not only all the secrets of organization, but those also of physiology, pathology, and therapeutics. To arrive at such knowledge, is, perhaps, beyond the attainment of the human mind. Multiform are the elements which enter into the problem of health and disease. Health is, itself, a constant change of composition—diseases are ever-varying changes, supervening on this.

Do we know, with all our advancement, and after all the toil of our predecessors for two thousand years, the exact changes in which any disease, the fevers for instance, consists? And even when we shall have learned these, so as to understand them as well as the most ordinary chemical changes, the ever-varying character of most diseases, and the inward disturbing influences upon them of the mental and moral emotions, would require to follow them a continued stretch and power of intellect, of which it is doubtful if man be capable. This exactness of knowledge is not, I grant, necessary to the very successful practice of medicine. Our profession can render great and important services to man without it, but with it, it would be still more serviceable. To it our ambition tends. To this perfect knowledge we aspire. Although we may never reach, we can yet eternally approach it. In the vast region of our researches, there is no probability that human genius will ever, Alexander like, weep for the want of unconquered provinces. Beyond the conquests of the future heroes of the profession, there will always be a boundless field for the ambitious and philanthropic explorer. In the language of a western student, "the science of medicine, like the liver of Prometheus, is sufficient to glut the eagles of all time."

The object of this Association is to do something to advance the profession towards the far-distant goal of perfection—to aid the solution of some of the problems and enigmas of life and organization—to add some material to the growing temple, whose foundations were so firmly laid by the Coan sage—and to do its part, as best it may, in the cause of humanity. Nor do I think that, so far, it has altogether failed. Many valuable contributions to science have been elicited—professional ambition has been stimulated—an *esprit de corps* has been successfully evoked and established. The strength of the profession has acquired additional power by the union of its members. This Association has been to physicians, what the railroad and electric wires are to commerce, and the interchange of useful knowledge to States and nations. It has made us one; and, as I have just remarked, in unity there is power.

This Association has stimulated thought. Chaotic and void would forever remain the masses of facts, accumulated by the observations of ages, but for the co-ordinating and logical power of reason. It sits in judgment on the silent phenomena, as a "refiner of fire, and a purifier of silver." It forces the voiceless facts to mount the tripod of the oracle, and speak forth words of wisdom. The scalpel, the crucible, the microscope, may be subsidiary to its purposes and ends, but they cannot supply its place. Fixed and patient thought, in medicine, as in the other departments of science, is the Aladdin's lamp, that lights the footsteps of the discoverer. To stimulate attention and thought, is to accelerate many a new discovery—to hasten the advent and establishment of important principles yet in the womb of the future. May not our Association do this more effectually than it has hitherto done?

Let all the contributions be read and attentively considered. Such a course would certainly be more encouraging, as well as more respectful, to their authors. Let the reports be deliberately and fully discussed, and let them go forth to the world with the sanction or criticisms of the Association. This would require time, it is true, but if we have time to meet at all, surely a few days would make but little difference. The good that would be effected would yield a tenfold compensation for the time employed. Every one must admit that three or four days is too short a time for the Association rightly to fulfil its annual mission.

I would, moreover, respectfully suggest that time be taken for the discussion of some of the leading topics of medical philosophy. Amongst these, may be mentioned the nature, causes, and treatment of cholera, yellow fever, *et cætera*—hygiene, and the laws of health affecting masses of men—quarantine—the causes of mortality among children—the chemical and vital doctrines of life. Questions like these, indicated a year in advance for discussion, would excite a carefulness of investigation, and a degree of attention and thought which could not fail to clear away much of the darkness and doubt in which they are yet shrouded. Nothing so sharpens the intellectual powers as public debate. It fixes attention, and strains to the utmost every faculty. I have no hesitation in saying that facts enough have been accumulated to establish great and general principles, of which the medical world is yet in ignorance or doubt. Nothing would contribute more to demonstrate these principles than the collision of matured intellects in public debate. What a mass of facts, and argument, and demonstration would be brought to bear, on any of the subjects alluded to, if some of the best minds in the profession were to debate them, after a year's preparation! Observed facts are the crude materials of science—the intellect is the master builder of its august temple.

I make these suggestions for your consideration. All the scientific meetings in this country and in Europe, employ more time than ours has hitherto employed. Evidently we must protract our sessions, if we would render them as serviceable to science as they may be. No member of the Association will be required to remain longer than suits his wishes or convenience. Some fifty or sixty, more or less, would always be found to listen with eagerness to scientific papers, and engage with pleasure in scientific discussions.

The time has probably arrived, for a change in our plan of organization, which will admit of the selection of a permanent place for the future meetings of the Association. There are evident advantages incident to both the migratory and stationary plans. These might, perhaps, be easily reconciled and secured. A proposition, if I mistake not, was made some years ago, by the Smithsonian Institution, and I would respectfully suggest, whether it would not be in accordance with the best interests of the Association, to hold biennial meetings in Washington, and the alternate ones, as now, at different points of our common country. We might thus secure all the advantages of a fixed abode, in the way of preserving the archives, making collections, etc., whilst by meeting in various localities, we could not fail to excite that

wide-spread interest among the profession, and obtain such accessions of new members as would greatly enhance the high and useful objects of our Association. Should this proposal meet with your approbation, I would further intimate that policy would perhaps require the meetings of the Association at the National Capital, to be held in the years of the short sessions of Congress.

I shall say but little of the legislative duties of the Association. I shall say nothing of the propriety or impropriety of getting laws passed to regulate the practice of medicine, and furnish standards for candidates for the Doctorate. Perhaps the Association can do but little in this respect. Ours is a popular government, and the people are disposed to allow the largest freedom in everything pertaining to medicine, medical schools, and physicians. Laws passed against quackery one year, are revoked the next. Our country is the paradise of quacks. All good things have their attendant evils, and this unbridled liberty is one of the evils of a popular government. May we not hope, however, that even this evil may disappear, as general education and the cultivation of the masses advance? At any rate the people are not yet disposed to put down the quacks, nor to require too high a degree of qualification for those of the regular profession. After all, laws can make only mediocre physicians. They can require the candidates to know only so much—to be qualified to a certain degree; and this degree will always be far lower than that to which the true lovers of knowledge would attain, without any legislation on the subject. The greater lights of the profession cannot be manufactured after any process of legislative enactment. Thirst of knowledge, self-love, philanthropy, burning ambition—these make the great physician and surgeon. These have made all the worthies of the past—not legislation. Legislation cannot drive the drone to the proud heights of professional eminence. When these heights are reached, it will be seen that the successful aspirant has been stimulated by a stronger power.

To him the laurel blossoms of renown and the life-giving mission of his art, are dearer and more attractive than was the mystic bough of the sibyl, to the eager Æneas, or, than the golden apples, guarded by sleepless dragons, to the Hesperian daughters.

Whatever course you may think proper to pursue, I am sure that your objects will be, the advancement of science—the good of mankind—the honor and glory of the profession. We have the dignity and character of a noble calling to sustain—of a profession which has numbered, for two thousand years and more, some of the wisest and best men in all countries and all times. It is no trivial matter to sustain the rank and respectability of a vocation which can boast of a Hippocrates, a Harvey, a Hunter, of the most erudite and beneficent of sages and philanthropists the world ever saw—of a profession which has furnished to every nation its *clarum et venerabile nomen*.

On the eve of the battle of the pyramids, Napoleon exclaimed, Soldiers! from the height of you monuments, forty centuries look down upon you. Gentlemen, from the heights of past ages, countless worthies of our God-like profession point and beckon to a goal more elevated than that which attracts legislators and conquerors, Solons and Cæsars.

On motion of Dr. J. B. Biddle,

Resolved, That the thanks of the Association are unanimously tendered to the President, for the able and eloquent address just delivered; also, that a copy be obtained for publication.

Dr. Hays stated that, in accordance with the plans of the Committee of Arrangements, it would be necessary for the Convention to hold its sessions

from 9 A. M. to 3 P. M. with one hour recess each day, which, on motion, was agreed to.

A recess of fifteen minutes was now declared, to allow the assembling of the various State delegations for the purpose of appointing one member each, to serve in a committee to report nominations for permanent officers of the Association.

On the reassembling of the Convention, Dr. N. S. Davis, Vice-President, in the chair, Dr. D. Francis Condie moved, that all permanent members, who through want of notification, had not paid their assessment, but who had subsequently paid, be reinstated to permanent membership. The reason for the motion was stated to be, the probable miscarriage of the notices, by which members had been caused to neglect the requirements of the Association.

Dr. Watson, of N. Y., said that he considered the resolution passed at the last annual meeting in St. Louis, expelling those who had not paid their assessments or dues, an infringement of the constitution: therefore, he could see no good reason for this motion, so long as that resolution stood.

Dr. Condie rejoined, and quoted the provisions of the constitution, to show that if the payments were not made, permanent membership cannot be retained.

Dr. Watson moved to amend the motion as follows:—

“Resolved, That no member of the Association shall be deprived of his privileges as a permanent member, by not contributing to pay the expenses of an annual meeting at which he is not present.”

Considerable discussion was elicited, during which Dr. White, of Buffalo, moved that the whole subject be referred to a committee of three. Agreed to.

The chairman appointed Dr. White, of Buffalo, Dr. Watson, of New York, and Dr. Condie, of Philadelphia.

The list of States was now called, and each delegation reported the name of its representative in the Nominating Committee as follows:—

<i>Maine</i> —A. J. Fuller.	<i>South Carolina</i> —P. C. Gaillard.
<i>N. Hampshire</i> —Silas Cummings.	<i>Georgia</i> —Richard D. Arnold.
<i>Vermont</i> —Israel Hinkley.	<i>Alabama</i> —P. H. Cabell.
<i>Massachusetts</i> —C. P. Fiske.	<i>Tennessee</i> —J. Berrien Lindsley.
<i>Rhode Island</i> —Jos. Mauran.	<i>Kentucky</i> —C. J. Blackburne.
<i>Connecticut</i> —P. A. Jewett.	<i>Ohio</i> —R. Hills.
<i>New York</i> —John McCall.	<i>Indiana</i> —Joel Pennington.
<i>Pennsylvania</i> —J. B. Biddle.	<i>Illinois</i> —J. V. Z. Blaney.
<i>New Jersey</i> —Lewis Condict.	<i>Michigan</i> —A. B. Palmer.
<i>Delaware</i> —James W. Thompson.	<i>Missouri</i> —L. P. Perry.
<i>Maryland</i> —Charles McGill.	<i>Iowa</i> —J. E. Sandbourne.
<i>District of Columbia</i> —T. Miller.	<i>Wisconsin</i> —J. B. Dousman.
<i>Virginia</i> —B. R. Wellford.	<i>U. S. Navy</i> —Thos. Dillard.
<i>North Carolina</i> —O. F. Manson.	

Dr. F. C. Stewart, of N. Y., offered the following:—

Resolved, That the Nominating Committee be instructed to present three names to the Association as candidates for the office of President, who shall be elected by ballot; and the candidate who shall have the smallest vote, shall be withdrawn after the first ballot.

After some debate, it was moved that the resolution be laid upon the table. Agreed to.

It was moved that the Nominating Committee be instructed to recommend the place for the next annual meeting of the Convention. Agreed to.

Dr. Zina Pitcher read an invitation from the medical profession of Detroit, to the Association, to meet next year in that city. Referred to the committee, which then withdrew for conference.

Dr. Brainard, of Chicago, on behalf of the medical profession of Illinois, extended an invitation to the Association to hold the next meeting in that city. He wanted the claims of Chicago remembered among the cities of the West. The invitation was referred to the Committee on Nominations.

An invitation to meet at Nashville, Tenn., was referred to the same committee.

Dr. F. A. Ramsey, of Tennessee, moved that so much of the President's address as relates to the place of holding meetings of the Association, be referred to the Committee on Nominations. Agreed to.

Dr. D. D. Thompson, of Louisville, moved a suspension of rules, for the purpose of taking up that amendment to the constitution which relates to the time in the session, at which election for officers shall take place. He stated the object of the amendment to be, to afford them sufficient time between their election and entrance upon duty, for becoming acquainted with parliamentary usages. The motion was not carried.

The next business in order was the reading of the annual reports of the Standing Committees.

The Committee on Prize Essays reported through Dr. René La Roche. The committee had received six essays in competition for the prize offered by the Association. But, although these essays evinced much ability and extensive learning, but one was decided to possess those qualities, which deserved the award of the prize. It was entitled "STATISTICS OF PLACENTA PRÆVIA." The name of the author was announced as Dr. James D. Trask, of White Plains, Westchester County, N. Y. Referred to Committee on Publication.

Dr. Thos. Reyburn, chairman of Committee on Epidemics of Missouri, Illinois, Iowa, and Wisconsin, read an abstract of the report submitted, which was, on motion, referred to the Committee on Publication.

At this stage of the proceedings, Dr. White, on behalf of the committee to whom was referred the resolution and amendments respecting permanent membership, submitted a report, recommending the adoption of the following resolution:—

Resolved, That no permanent member who is not present at an annual meeting of this Association, shall be required to pay the usual assessment; but no such permanent member shall be entitled to receive a copy of the printed proceedings of the meeting, unless by paying a sum equal to that assessed upon those who were present at such meeting; and that all the names of permanent members that have been left off the published list, be reinserted in the next volume of *Transactions*.

Resolved, That no assessment whatever shall be made against members by

invitation, but that they also be entitled to a copy of the printed *Transactions* by paying the sum assessed upon delegates in attendance.

The report of the committee was accepted and the resolution was adopted.

Dr. Sanford B. Hunt, of Buffalo, stated that he had prepared his report on the "Hygrometrical State of the Atmosphere in various Localities, and its Influence on Health;" but it would not admit of being embodied in an abstract; its reading would consume, perhaps an hour, which he would do, if the Association so ordered; or he would furnish the manuscript to the Committee on Publication.

A motion was made to accept and refer the report to that committee, whereupon an animated discussion arose as to the propriety of allowing any report from standing committees to pass into the hands of the Publishing Committee, without first being read in abstract or in full, before the Association. The hour for adjournment having arrived, a motion to lay the subject on the table prevailed.

On motion, adjourned.

At 4 o'clock P. M., the members visited, according to invitation, the Pennsylvania Hospital for the Insane, and in the evening they were received at the houses of Drs. Hodge, Norris, and Bache.

MAY 2D.—MORNING SESSION.

The Association reassembled at 9 o'clock A. M. The minutes of the preceding day were read and approved.

Dr. Jno. L. Atlee, of Lancaster, Pa., asked and received permission to make a statement from the committee appointed by the annual meeting held at Richmond, to procure a suitable stone for the Association to contribute to the Washington Monument. An assessment of \$1 had been made, upon each member, to purchase the stone and pay for the sculpture. The latter was executed by a young man named JOHN AUGUSTUS BECK. The design was suggested by the late Dr. Pierson, of Salem, Mass., but before he could consummate the plan, the fearful Norwalk calamity swept him from our midst. The drawing was made by his daughter, Miss Abby L. Pierson. The design, cut in alto relievo, on the face of a slab of Vermont marble, is a representation of Hippocrates, when refusing the bribes offered by the King of Persia to visit the Court of that prince, and give medical aid to the plague-ridden subjects of his empire—he indignantly exclaims: "Tell your master that I am rich enough; that honor will not allow me to succor the enemies of Greece." Eminent artists, who have examined the stone, consider that no sculptor in America could have performed the work so well. Mr. Beck has been encouraged to pursue his study in Italy, and it is probable that he will rank among the finest sculptors of his age.

Dr. Atlee appealed to the members to come forward and make up a handsome compensation for the young artist.

A resolution was offered, to the effect that no member should speak unless his name and residence were announced. Adopted.

The chairman of the Committee on Nominations recommended the following officers for the ensuing year:—

President—GEO. B. WOOD, of Pennsylvania.

Vice-Presidents—WM. M. BOLING, of Alabama; DANIEL TILDEN, of Ohio; D. HUMPHREY STORER, of Massachusetts; GRAFTON TYLER, of the District of Columbia.

Secretaries—FRANCIS WEST, of Pennsylvania; R. C. FOSTER, of Tennessee.

Treasurer—CASPAR WISTER, of Pennsylvania.

Committee on Publications—FRANCIS G. SMITH, of Pennsylvania, Chairman; FRANCIS WEST, of do.; R. C. FOSTER, of Tennessee; SAMUEL L. HOLINGSWORTH, of Pennsylvania; H. S. ASKEW, of Delaware; SAMUEL LEWIS, of Pennsylvania.

The committee also recommended Nashville, Tennessee (but not unanimously) as the next place of holding the annual meeting.

The officers recommended were, on motion, approved by the Association.

The newly elected officers were conducted to their seats, by an appointed committee of five—Drs. J. M. Smith, of N. Y., Homans, of Boston, Blackburne, of Ky., Rouse, of Illinois, and Frost, of S. C.

Dr. Wood, on taking the chair, said he was deeply sensible of the honor conferred by the appointment, and none the less from an impression that it was probably an exhibition for the place where the Association was holding its meeting. Personally, he had a deep sympathy with the purposes for the advancement of which the Medical Association was established. He had devoted his past life to the advancement of these objects, and he would devote to the same the little that might remain. He was unaccustomed to presiding over such large assemblies, but he would endeavor to justify the appointment.

On motion, the thanks of the Association were tendered to the retiring President, Dr. Charles A. Pope, of Missouri, for the able and impartial manner in which he had presided over its meetings.

The second part of the committee's report, advising Nashville as the place of holding the next Convention, was taken under consideration.

A member moved that the next meeting be held at Washington, D. C.

Dr. Palmer offered an amendment that Detroit be substituted for Washington.

A member said that it would be impossible for the members of the Association to be accommodated in Washington, during a long session of Congress.

A member said that Nashville could be reached by railroad from the South, also by most splendid packets, that ply on the Ohio to the Cumberland river.

The motion relating to Washington, was laid on the table.

Dr. Palmer, of Chicago, urged that the Association hold its next meeting at Detroit, and moved, in lieu of the report of the Committee, "that the next meeting be held at Detroit."

A motion was made that the whole subject be referred to a committee of five. Laid on the table.

The vote was taken on the motion of Dr. Palmer, "that the next meeting be held at Detroit," and it was agreed to by a large majority.—[Much applause.]

Dr. Foster, the newly-elected Secretary, tendered his resignation, which was accepted.

Dr. Brodie, of Michigan, was nominated for the office, and elected by acclamation.

Dr. Hunt, of Buffalo, read an abstract of his report on the Hygrometrical State of the Atmosphere in various Localities, and its Influence on Health.

During the reading of this valuable paper, a motion was made and unanimously adopted, "that the desultory conversation of members be done down stairs."

Dr. Hunt's report was accepted, and referred to the Committee on Publication.

A resolution authorizing a committee to be appointed by the chair, for the purpose of obtaining commutation tickets to members over the various railroads at the time this Association was in session, was agreed to.

Dr. Frank H. Hamilton, of Buffalo, N. Y., read an abstract of his report "On the Frequency of Deformities in Fractures."

The Doctor enjoined upon the members of the Association to carefully consider some mode of arresting the prosecutions for malpractice, which so frequently occur in our country. He had been informed this morning, that in a district not over forty miles from this city, within a few years past, not less than twelve prosecutions had been made against members of the profession. There was no artisan but the surgeon who was held accountable for a mere failure, and why was it that this should be? Was it the work of jealous and designing men who are in our practice, who falsely show up the failures of their brethren, and at the same time conceal their own faults? He much feared that a few of such men were among us, but was proud to repeat the remarks of an eminent lawyer, who had said of the profession "that as a whole none stands by itself so well and nobly."

Is it the fault of the lawyers? Young lawyers with neither money nor morals might have something to do with encouraging prosecutions: Joshua Spencer, an eminent lawyer, said that he had acted as counsel in many cases, but had never instituted a prosecution against any member of the medical profession; nor did he know of any member of the bar who occupied a high position that did; he had ever looked upon such prosecutions as *persecutions*.

The members of the profession should interrogate themselves as to the cause of these prosecutions and freely admit to the world the difficulties and imperfections attending surgery, which had too long been kept concealed. We have heard members of the profession declare they could mend a fractured femur without shortening the limb; this may be an impossibility, and it is disgraceful to make such assertions, because they may not be true, and it is calculated, not only to degrade, but subject us to these prosecutions. Even that city of medical science, Philadelphia, had not produced a book which could instruct physicians how to unite a fractured femur in all cases, without shortening the limb.

The abstract and remarks of Dr. Hamilton excited great interest; on motion, the report was accepted and referred to the Publishing Committee.

Dr. Chas. Hooker, of New Haven, read an abstract of his report on "Diet for the Sick," which lays down laws for the government of diet under various diseases, and specifies the particular articles which may be given with benefit.

The Association here took a recess for the purpose of proceeding to Independence Hall—the members forming in line and marching in procession.

RECEPTION AT INDEPENDENCE HALL.—On their assembling in the east room

of this venerable and venerated hall—the room in which was signed the document which proclaimed us to the world as a free and independent nation—the chairman of the Committee of Arrangements, Dr. Isaac Hays, introduced the Association to the Mayor of the city in a few appropriate remarks, to which his Honor responded as follows:—

Mr. Chairman of the Committee of Arrangements: I thank you, in the name of the community which I have the honor to represent, for your eloquent introduction of our friends to the authorities of the city, and to this the Hall of Independence.

Gentlemen of the American Medical Association: I am proud of the privilege of extending to you, in the name of the government and of the people of Philadelphia, a most cordial welcome.

I bid you welcome to our city—a city which, deriving a cherished distinction from the profession which you adorn, is eager, now and ever, to requite it, in her tribute of respect for its professors. I welcome you to our people, whose intercourse, for many a year, with you or your brethren, has inspired a feeling which, reserved as we are sometimes said to be, will, I doubt not, burst into earnest and unambiguous expression, before you leave us.

I welcome you, gentlemen, to this Hall, but not as strangers or the sons of strangers—for it is your own. As the temple and territory of Delphos, in the wildest domestic perturbations of Greece, afforded one sacred area over which the cloud of discord never gathered, one altar whose worship was never invaded, this spot, consecrated to our common American glory, knows no lines of latitude, and belongs, in truth, no more to us, whose peculiar privilege it is to inherit its guardianship, than to our brothers—to you. In coming hither, therefore, you *come home*. These precincts have been hallowed, for all time, by the heroic virtues of your and our fathers. This is the fountain from the which the living waters of American liberty were first drawn, and it is therefore most sacred—(wo to the generation in which it ceases to be sacred!)—but, like the well of the Patriarch, all the tribes of Liberty's Israel own here an equal right, and owe here an equal homage.

In no sense, then, can I greet you as strangers—for yours are names familiar to every American proud of the science of his country; and those who are united, by this Association, in a cause so lofty as that eloquently characterized by your chairman, may not only claim the universal and acknowledged privileges of the Republic of minds, but the rights of a nearer and a dearer charter, the Brotherhood of beneficence—the kindred claims of noble hearts, knit in the highest and holiest of human aspirations. In this spirit, with the most fervent and fraternal sentiments of respect and regard, I greet and welcome you.

You are right, Mr. Chairman, in claiming, amid the associations which hallow these precincts, a peculiar privilege for your profession—a profession which not only sprinkled, with the earliest sacrificial blood of the Revolution, the highest altar upon which Valor vowed and dedicated our country to freedom—I refer, as you have referred, to Dr. Warren and Bunker Hill—but which, in every struggle for the enlargement and enlightenment of human destinies, has been eminently distinguished for courage, zeal, and fidelity to the rights of man. You have, therefore, a peculiar right to claim kindred here, and have that claim allowed; and within these walls, which witnessed the zeal of Rush, it would be a treason to virtue to forget, that one of the lights of your profession shed glory upon the solemn debates of this hall, and was foremost amongst those that bade yonder bell* (preserved and devoted

* *The Liberty Bell.*—This is the bell which was rejoicingly rung, from the steeple of the old State House, when the Declaration of Independence was originally read, in July, 1776, to the thousands assembled in the State House yard, now Independence Square. Upon this bell—cast long before the Revolution, and brought from England in the colony—are the prophetic words of Scripture quoted—"Proclaim liberty throughout all and, to all the inhabitants thereof."

to the veneration of posterity), with its iron tongue, to PROCLAIM LIBERTY THROUGHOUT ALL THE LAND, TO ALL THE INHABITANTS THEREOF.

It is the glorious peculiarity of your profession that, while Ambition, in its ordinary and most applauded paths, plays the part of the *Destroyer*, and wins glory at the expense of human life and happiness, you and yours, with a more exalted civilization, a nobler heroism, have ever *sought to save*. Next to the highest of all human courage—if, indeed, it be merely *human*—that of the martyrs of religious Truth—the courage of the physician, whether on the battle-field or in the lazar-house, the courage of science and humanity, is most sublime, and the best entitled to the *clarum et venerabile nomen*. The vulgar courage of the warrior, under the base stimulus of passion, or the low greed of applause, can hardly be compared to the noble intrepidity of the surgeon, who gleans, in the ruthless and red-handed reaper's path, the leavings of the battle; and still less with the hero of the hospital, who encounters the grim antagonist in the horrid silence and gloom of the pestilence. Imagination can hardly embody an instance of human courage and virtue more sublime and unearthly than that of the physician, who, in the midnight of a plague-stricken city, threads the fetid solitudes of its alleys, and, entering the devoted hovel of the wretched, ministers—while only Pestilence and Misery, Death and God look on—to the perishing. I need not step from this spot to grasp the hand of many a hero who claims no laurel—many a noble philanthropist whose sacred labors, in scenes like these, have been unmarked, save by the Eye that never slumbers, and remembered only by Him who alone can reward.

To such a profession, one venerable from its antiquity, noble from the grandeur of its objects, illustrious from its achievements, and which demands every aid and energy of genius and science, of head and heart, that dignifies the race, it is not strange that, go where it may, a ready homage greets, and a ready blessing attends it. In our own city, all that is noble in patriotism, all that is exalted in science, all that is bright and beautiful in the arts which refine society, all that is lovely and cherished and holy in private life, combine to render the profession sacred and dear to us.

There are few living, to whom some one death in the past is not the sole event and solitary memory of the survivor's life—to him a lonely pyramid in the melancholy desert; and to such a mind and memory, *the debt of the death-bed*, where science, rendered holy by its office, ministered, though never paid, is never repudiated. I never knew a good man, still less a good woman, who had not such a debt—a debt which bankrupt gratitude cherished with its holiest affections and sanctified with its devoutest memories.

In these times, when the omnipotence of associated effort is invoked for so much that is of dubious merit, it is a gratifying spectacle to behold the enlightened professors of the most exalted of all arts—men sage and grave, unselfish and unaspiring—forsaking the homes to which they are bound by the affections and the afflictions of thousands, by wealth, fame, and influence, to wander, wearily, away upon a pilgrimage of hundreds of leagues, in the cause and interests of the human family, its security, health, and happiness. For more than ten years, the representatives of your profession have thus gathered in Convention. What other body of our citizens have made a like effort—a like sacrifice? Selected from the most eminent of the profession, the delegates have been men whose years, like their virtues, were many. How difficult must have been, to them, the effort to burst through the bonds of a relying and clinging practice! How great the labor and how heavy the sacrifice! They have already visited, in this duty, the cities of every section of our wide country. How many have fallen by the wayside? How many martyrs could you not thus number in this cause? How many of the good and great of the profession have, in these benevolent pilgrimages, joined the ranks of the thousands who have sacrificed themselves, at the requisitions of duty, as recognized and enforced by your self-imposed laws—joining the

dead in the effort to aid the living? The epitaph of the Spartans at Thermopylae might well commemorate the virtues and the fate of these martyrs. But if the cost has been great, the results have been commensurate.

Of the professional advantages attained, though I know them to be invaluable, I will not presume to speak; but I may be permitted to state, as health is the most important subject of municipal provision and care, that the Transactions of the Association, which I have examined with great interest, comprise much that merits the attention, and will reward the respectful consideration, of the municipal governments of the Union.

It is natural that Philadelphia should feel, as she does feel, a profound interest in the cause of medical education in this country. She cannot, of course, forget that it was here that the first medical college was established in this country; that its merits and success extorted a reluctant transatlantic tribute of admiration; and that, progressing rapidly, but wisely, it achieved and maintained an equality with the most celebrated institutions of the Old World. As the cause of medical education has expanded, and institutions worthy of the cause and the country have sprung up, each triumph, thus attained, has been regarded here as the successful outbursting of an offshoot from the primary effort; and Philadelphia, while rejoicing in the expansion and elevation of medical education throughout the land, has almost fancied—so earnest is her interest in medical education—that she had a right to indulge a *parental* pride in all that advances that interest.

These genial feelings have been maintained, in all their early and fervid freshness, by constant intercourse with all sections of our country. The ingenuous and gallant youths that have come hither for medical instruction have, in their unstudied intercourse, exhibited the character of their respective States in a light so generous and exalted, as to win our affections, not only for themselves, but for the communities and States which could exult in them as their own. Winter after winter, we have had many hundreds of these noble young spirits among us. And let me remark that, rigorous as I am said to be in the administration of the law, I have yet to know the first occasion to rebuke, much less to punish, a medical student. We have found them as gentle and decorous in their deportment, as they are exalted in their aspirations; and had Philadelphia—eminently catholic in her affection for her sister communities—needed a lesson of love and loyalty, these high-hearted missionaries would have taught it. This interchange of sympathies has endured for the third of a century—may it last forever! The youths—youths no longer—who formerly bore those sentiments to the remote sections of our republic, stand before me now as the revered sages and ornaments of their profession, meeting here the evidences of a reputation which had preceded them, and has long been cherished by us. And who can tell what have been the results of this kindly interchange of kindly feelings? It has doubtless been felt in every commercial, social, and political relation of life, correcting the prejudices, harmonizing the discords, and subduing the dangers of our common country.

We realize these facts. We recognize, in the members of an enlightened profession like yours, so many patriots and philanthropists, engaged in the great and general interests of the human race; and, apart from the mere scientific acquisitions of your annual meetings, we perceive in them results auspicious to all that we cherish, all that is kindly, forbearing, and conservative, between man and man, party and party, State and State, section and section; and, so regarding them, we hail and greet you with a welcome as sincere and cordial as the heart can conceive, or the tongue can utter.

AFTERNOON SESSION.

At 1 P. M., the members having returned from Independence Hall, the President called the Association to order.

On motion, the thanks of the Association were tendered to the Mayor of Philadelphia for the very cordial manner in which he had received the Medical Association at Independence Hall, and that a copy of his speech be requested for publication in connection with the proceedings of the Association.

The rules were suspended, when Dr. Thompson, of Delaware, offered the following preamble and resolutions:—

Whereas, Few subjects of greater interest and importance could be presented to the consideration of the American Medical Association, now representing most of the States and Territories of the Union, than the attainment of a correct medical topography of each, with a history of its prevailing fevers, and the most successful treatment of the same; therefore, be it

Resolved, That with this view and conviction, this Association now appoint a special committee from each State and Territory represented, of — members, whose duty it shall be to report upon its medical topography, epidemic fevers, and the most successful treatment thereof, and that the same shall continue to hold their office for three years.

Resolved, That in the appointment of gentlemen of education and experience in the affairs of their own State, we have the best guarantee that the important objects we seek will be most satisfactorily accomplished; and the profession, as well as the public interest, will thereby be better served.

Resolved, That the committees heretofore appointed by this Association, at its session in Charleston, for a similar object, be, and the same are hereby discharged.

Dr. Askew, of Delaware, seconded the resolutions, and moved that they be laid on the table, and made the special order for Thursday, at 10 o'clock.

The motion was agreed to.

The Committee on Publication submitted a report, stating that the seventh volume of the proceedings of the Association was issued last November, 1000 copies being published at an expense of \$1,806 42; 781 copies have been sold or furnished to members of the Association; 35 were given to editors of medical journals, and 184 remain on hand. The resolutions, appended to the report, were adopted:—

Dr. Biddle, of Pa., offered the following resolution, which was adopted:—

Resolved, That the thanks of the Association are eminently due to the Committee on Publication, for the faithful and highly satisfactory manner in which their arduous and responsible duties have been discharged.

The Treasurer, Dr. Isaac Wood, presented his report, showing that the sum of \$2,101 04 was expended, during the past year, for the purposes of printing, binding, engravings, prize essays, &c.

The balance received from Dr. D. F. Condie, the former Treasurer, was \$293 99, while the assessments and sale of *Transactions* amounted to \$2,722, 31. There was also \$200 received from Drs. George B. Wood and Daniel Brainard on account of the prize fund, thus leaving a balance on hand of \$1,115 26.

Dr. Condie read a communication exculpating the former Committee on Publication from certain charges made against it at the meeting of 1854, in regard to the publication of the proceedings; and a charge made against Dr. Meigs, of this city, of making profit by publishing the material of the Asso-

ciation, as his own work. The charges against the committee were, that they had delayed the publication of the last volume of the proceedings, and had excluded several papers that were presented at the meeting of the Association. Both these charges were disproved, and Dr. Meigs was exonerated from the charge made against him. Dr. Condie asked that the communication be entered upon the journal.

A resolution was offered by Dr. Stewart, of New York, thanking the former Committee on Publication for the faithful performance of their arduous duties, and expressing the satisfaction of the Association therewith.

Dr. Condie stated that the Committee on Publication cared but little for the charges made against them; but they desired to do justice to a man who stood very high in reputation in Philadelphia, and who felt himself aggrieved by slanderous accusation. He withdrew the request that his communication be entered upon the minutes.

The resolution of thanks was then withdrawn, as Dr. Condie did not think it necessary.

Dr. Watson offered a resolution providing for the appropriation of \$1,000 to pay for the stone for the Washington Monument, which was adopted.

Dr. W. I. C. Duhamel, of Washington City, offered the following preamble and resolutions:—

Whereas, The cause of humanity, and a due regard to public health, imperatively demand the speedy enactment of more stringent quarantine laws to prevent the spread of infectious diseases throughout the country; and

Whereas, Distinguished legislators have co-operated with the medical profession in bringing this important subject to the attention of Congress; therefore

Resolved, That warmly approving of the bill introduced at the last session of Congress, and yet pending, to prevent sickness and mortality on ship-board, we cordially tender the honorable senators of the Special Committee, and others who so ably and earnestly advocated the measure, this expression of our sincere thanks for their unwearied exertions in behalf of the bill recommended by this Association, and yet indulge in the gratifying hope that their efforts in the cause of public welfare and suffering humanity will be crowned with success.

Dr. Mauran, of Providence, Rhode Island, seconded the above, and they were unanimously adopted.

The Secretary read a special report from Dr. Wm. H. Byford, of Evansville, Indiana, upon the Pathology and Treatment of Scrofula. This paper gives an account of the nature of the disease, its varieties, causes, effects, and treatment. Referred to the Committee on Publications.

Dr. N. S. Davis, of Chicago, presented a report on the "Nutritive Qualities of Milk, and the influence produced thereon by Pregnancy and Menstruation in the Human Female, and by Pregnancy in the Cow; and also on the question whether there is not some mode by which the nutritive constituents of milk can be preserved in their purity and sweetness, and furnished to the inhabitants of cities in such quantities as to supersede the present defective and often unwholesome modes of supply." The report says, that when railroads were opened into the interior of the country, it was said that milk would be furnished to residents of cities in the purity that it was found on farms; but a sufficient time had elapsed to demonstrate that such is not

the case. The conveyance of the milk from the farm to the cars, the transit on the railway, and the time lost in its delivery throughout the city, it was clearly shown, had the effect of making it unfit for the nourishment of a child. During the past half century experiments had been made with a view of preserving milk in its pure state, yet it was but recently that a discovery had been made by a gentleman in New York, which was to evaporate the water, and mix with white sugar, which rendered it what is termed, solidified milk. In his practice he had used this improved milk for the nourishment of infants with the most gratifying results, and after having kept it for three months; and he knew of its having been kept twelve months without any injury to its qualities.

The report was referred to the Committee on Publication, and the meeting adjourned.

In the course of the day's proceedings, the chairman announced that visiting invitations had been extended to the delegation from Prof. Hart, of the Central High School; from the Board of Health, to visit the City Hospital and the Lazaretto, which were accepted with thanks. At 4 o'clock, the Association, to the number of five hundred, proceeded in coaches to the reception at Girard College; after which they proceeded to Fairmount.

In the evening they were entertained at the residences of Drs. Wood, A. Stillé, and Paul.

THIRD DAY.—MORNING SESSION.

At 9 o'clock, the attendance was comparatively slim, but the members continued dropping in, and the spacious hall was soon filled up.

The chair was taken by the President, Dr. Wood, who called the Association to order.

The Secretary, Dr. West, read the minutes of yesterday's meeting, which were approved.

The chair said that there was no prescribed way of appointing the Committees on Prize Essays, Arrangements, &c.; it had been usual, however, for the Convention to refer the appointment of these committees to the Committee of Arrangements.

Dr. Watson moved that the subject be referred to that committee, on this occasion. The motion was agreed to.

Dr. Isaac Hays, from the Committee of Arrangements, announced that 520 delegates were now enrolled.

Dr. Hays presented an invitation from Dr. Ducachet, of St. Stephen's Church, to visit the church and see the Byrd monument, by Steinhauser. He stated that 12 o'clock at noon, on this day, had been fixed for this visit. The invitation was accepted.

A letter was read from Dr. Reyburn, of Missouri, suggesting that the large district in Missouri be divided into two parts. The district is seven hundred miles north and south, and four hundred miles east and west. The duties in so large a district as this, cannot be easily fulfilled by one chairman. By dividing the district, the reports will be more satisfactory than at the present time. The Doctor tendered his resignation.

Dr. Watson moved the acceptance of the resignation, and the reference of

the other portion of the communication to the Committee on Nominations—which was afterwards withdrawn.

Dr. Askew renewed the motion, and it was adopted.

A letter was read from Dr. E. B. Haskins, of Clarksville, Tenn., chairman of the Committee on Microscopical Investigations of Malignant Tumors, asking to be excused from making a report, inasmuch as he had not the necessary apparatus for ascertaining the facts incident to the subject.

The request of the gentleman was granted.

A report was received from the Committee on Publications, adverse to the publication in the *Transactions* of the reports of special committees. Referred to a special committee of five.

Dr. Frank H. Hamilton, of Buffalo, New York, made some additional remarks on the subject of fractured clavicle. The Doctor expressed an earnest hope that the Managers of the Pennsylvania Hospital would be more exact in making up their reports of the statistics of fractured clavicle, so that we may all be able to judge of the merit of the instrument, which has been used in such cases in that institution, for thirty years. He had known a surgeon to be mulcted in heavy damages for using that instrument in a case of fractured clavicle, because he could not accomplish all that he supposed he could by using it. He did not wish to speak harshly, but at the same time he called again upon the Managers of that institution to be more exact in their statistics on the subject of fractured clavicle, so that the medical faculty may be prevented being a grand Insurance Company for the whole world.

Dr. Thompson, of Delaware, called up his resolutions, offered yesterday, in reference to the appointment of committees on the Medical Topography of the country.

Dr. J. L. Atlee, of Lancaster, said that he noticed Chief Justice Lewis, of Pa., was on the floor of the house—he moved that he be invited to a seat on the platform. The motion was unanimously agreed to.

The Chief Justice was (amid much applause) escorted to the platform and seated on the right of the President.

Dr. Askew, of Delaware, offered as an appendage to the resolutions of Dr. Thompson, the following:—

Resolved, That all reports on the Medical Topography and prevailing diseases of States, shall, to entitle them to be received by this Association and published in the proceedings, be first approved by the medical societies of the State or Territory where such societies exist, and to which State or Territory such report refers.

Dr. Palmer, of Michigan, advocated the resolutions, and said that, while he was conscious of the difficulties in the way, he thought that great good would result from the appointment of the committees.

Dr. J. G. Orton, of Binghamton, N. Y., offered the following resolutions:—

Resolved, That each County Medical Society (or in parts of the country where such have not been established, any duly organized Medical Association) be requested to amend its Constitution by attaching thereunto the following article: "It shall be the duty of each member of this society to keep a faithful record of the diseases which may fall under his observation during each month, according to the classification adopted by the American Medical Association in May, 1847, stating the age and sex, occupation and nativity

of the patient, the average duration of the disease, and finally their recovery or death, and to report the same in writing to the secretary on or before the first day of February of each year, who shall transmit a digest thereof to the State Medical Society, and also to the appropriate committee appointed by the American Medical Association for its reception."

Resolved, That each incorporated Hospital, Infirmary and Asylum, be invited to furnish a copy of their annual reports for the use of the committee of their respective States.

Resolved, That the State committee appointed by this Association to report on the prevailing diseases of their respective localities, shall receive and arrange a digest of the reports transmitted to them by the secretaries of the various county societies, and to report the same at the annual meeting of this Association.

Resolved, That the 1st day of January be the time fixed at which the object of these resolutions shall be carried into effect, and that the several county societies and associations, be requested to amend their Constitutions as heretofore recommended, at as early a date as practicable, and to report to the State committee their willingness or unwillingness to acquiesce in the request of this Association.

On motion, the resolutions were referred to the Committee on Nominations.

Dr. Thompson, of Delaware, expressed a hope that the committee would go into immediate session, so that a report might be made as soon as possible.

Letters from Drs. Sutton and Benner, on the subject of epidemics, were referred to the Committee on Nominations.

Dr. Condie, of this city, submitted a voluminous report upon the subject of Tubercular Disease, accompanied by a vast array of facts, the gathering of about three years. He stated that the report would make at least 500 printed pages. The opinions advanced, he said, were "very heterodox."

On motion, Dr. Condie was permitted to publish the report in any manner he pleased, without reference to any obligations he may feel due to the Association.

Dr. Brainard, from the Special Committee "On the Constitutional and Local Treatment of Carcinoma," was continued another year.

Dr. Horace Green, from the Special Committee "On the Use and Effects of Applications of Nitrate of Silver to the Throat, either in Local or General Disease," was also continued another year.

A member from the Committee on Dysentery submitted a lengthy report upon the nature and treatment of that disease. Referred to the Committee on Publications.

The following circular was laid upon our table in the course of the proceedings:—

Circular.—To any Medical Gentleman of the United States or Canada.

DEAR SIR: The Committee appointed at the last meeting of the American Medical Association to investigate certain Statistics of Hydrophobia, bearing upon municipal regulations, have received but six communications detailing only sixteen cases of Hydrophobia (some of which, however, are exceedingly interesting, and for which the committee desire to make grateful acknowledgments to the gentlemen forwarding them). Under these circumstances, the committee are unwilling to do more at this time than to report progress and ask to be continued.

The object we have in view is not to enlighten the *profession* upon the subject, but to bring the knowledge already in possession of medical men to bear

upon the *public mind*, and influence our civil authorities in their municipal regulations regarding Hydrophobia. We believe that facts entirely militate against restricting "Dog Laws" to hot weather; and we think the advancement of science demands that this remnant of by-gone superstition should be purged from the statute-book. In Prussia, Poland, France, Russia, and many other countries in Europe, much attention has been given to this subject, and it is important in accomplishing our object, that we should ascertain, as far as practicable, how Hydrophobic Statistics in our extended country will compare with those in foreign countries, and may we not hope that, through the facilities afforded by the extensive ramifications of our cherished Association, the necessary statistics for the United States and Canada may be obtained?

The committee are unwilling to think that want of interest in a subject so important is the cause of their receiving so few communications, but rather that the knowledge of what was wanted was too circumscribed, if not too indefinite, and the time necessary to obtain it entirely too limited.

In a measure to remove these objections, the committee have prepared this circular, and would respectfully invite communications upon the subject from medical gentlemen in any part of the United States or Canada, who, either in their own practice, or as counsellors in that of others, may have witnessed cases of hydrophobia in *man* or *brute*—stating the day and month of *inoculation*—the period of *attack*—the *duration* of the disease—and, if in the human species, the *name*, *age*, *temperament*, *sex*, and residence of the individual.

The committee would also request you to state whether, in the place of your residence, any "Dog Laws" have been enacted; if so, to what period of the year, if any, they are restricted; and what has been the result of their operation.

An early reply to this circular will enable the committee to arrange the facts and prepare a report for the meeting of the Association in 1856.

We remain, &c.,

THOS. W. BLATCHFORD,

A. D. SPOOR,

Committee.

Troy, 24th April, 1855.

Communications to be addressed to Dr. Thos. W. Blatchford, Troy, N. Y.

P. S. If the medical journals and newspapers throughout this country would call the attention of their readers to this subject, either by publishing this circular or otherwise, it would greatly facilitate the object the committee have in charge.

The hour of recess having arrived, the members took advantage of invitations to visit the Byrd Monument, in St. Stephen's Church, the Academy of Fine Arts, Academy of Natural Sciences, and the Central High School.

AFTERNOON SESSION.

The Association reassembled at 1 o'clock.

Dr. Mussey, of Ohio, read an interesting report upon the Use of Alcohol in Health and Disease. It abounded in facts illustrating the effects of alcohol upon the human system, and evinced extensive reading, and a laborious collation of medical testimony. Referred to the Committee on Publications.

Dr. Hays presented an invitation to the Association to visit the Pennsylvania Institution for Idiotic and Feeble-Minded Children, this afternoon. Coaches will be provided to take the members to Germantown. The invitation was accepted.

The Committee on Nominations, to which was referred so much of the

President's address as relates to the next place of meeting, recommended that no change be made in the place of holding the next annual meeting—which will, consequently, be held at Detroit.

A letter was read from Dr. R. J. Breckenridge, of Ky., chairman of Committee on Medical Literature, announcing that his report was ready, but that he was not able to present it himself, and asking its reference to the Committee on Publications.

Dr. Condie moved, that when received, the report be so referred.

A communication was read from Dr. W. H. Anderson, of Mobile, chairman of Committee on Medical Education, setting forth that his duties requiring an extensive foreign and domestic correspondence, his report was incomplete, but would be ready in season for publication in the *Transactions*.

A motion was made that the report, when received, be referred to the Committee on Publication.

Dr. Davis, of Illinois, hoped that the paper would not be referred without first being read. He was opposed to the principle of referring papers to the Committee on Publications, until the Association had had an opportunity of judging of their merits.

Dr. Merritt moved that the vote adopting the report of the Nominating Committee upon the subject of the appointment of committees be reconsidered, for the purpose of continuing two of the old committees.

This motion was suspended to admit the report of the Nominating Committee upon the resolutions in regard to the Medical Topography of the States and Territories.

The vote respecting the adoption of the report of the Committee on Nominations, in regard to the appointment of committees, was reconsidered, and Dr. Anderson was continued as chairman of the Committee on Medical Education, in lieu of Dr. J. B. Lindsley.

A resolution in regard to the registry of births and deaths was referred to the Nominating Committee.

On motion, the Association adjourned, it being 3 P. M.

At 4 o'clock, the members of the Association entered coaches and proceeded to the City Hospital, Blockley. They were received by the President of the Board of Guardians, Mr. F. M. Adams, and the Chief Resident Physician, Dr. A. B. Campbell, and conducted through the Hospital, and the Almshouse. In the evening, the members of the Association were received at the residences of Drs. Samuel Jackson, J. Pancoast, Henry Hartshorne, and Mr. Isaac Lea.

FOURTH DAY.—MORNING SESSION.

The Association assembled at nine o'clock, pursuant to adjournment, Dr. Wood in the chair.

The Secretary read the minutes of yesterday's meeting, which were approved.

Dr. Hays stated that the whole number of names registered now, amounted to 523.

Dr. Atlee offered a resolution that the report of Dr. Breckenridge, chair-

man of the Committee on Medical Literature, be referred to a committee of three for their approval, and then be handed to the Committee of Publication.

A member moved it go to the Committee on Publication direct, without any previous review.

Dr. Condie hoped that a report on such an important subject would not go to the committee without having been read before the Association. He hoped the committee would be continued, so that the chairman could be present next year, and read it.

The motion of Dr. Atlee was lost.

The motion to continue the committee was agreed to.

Dr. Hayward offered a resolution expressing the thanks of the Association to all who had, by attention and munificent hospitality, contributed to the enjoyment of the delegation. Unanimously adopted.

The committee appointed at St. Louis, to whom had been referred the paper of Dr. Phelps, entitled "Religion an Element of Medicine, or the Duties and Obligations of the Profession," reported, through Dr. J. L. Atlee, who moved that it is inexpedient to publish Dr. P.'s paper in connection with the transactions of the Association.

The report was adopted as the sense of the meeting, and the resolution agreed to.

A member offered a resolution returning thanks to the Directors of the Academy of Fine Arts, for their liberal offer to take charge of the stone for the Washington Monument, and transport it to Washington. Agreed to unanimously.

Dr. N. S. Davis, of Illinois, moved the following preamble and resolutions, which were referred to the Committee of Arrangements, with instructions to report on the same at the commencement of the next annual meeting:—

Whereas, The present mode of conducting the annual meetings of the Association affords but little opportunity for the discussion of strictly scientific questions and papers, and *whereas*, this has been regarded as a serious defect in the operation of our organization, impairing its scientific character; therefore

Resolved, That the daily sessions of the Association during each annual meeting be divided into two parts, the first to terminate at an hour not later than 12½ o'clock P. M. of each day, and to be devoted, as heretofore, to the general business of the Association. The second part, consisting of all the time which it is deemed advisable to remain in session each day, after 12½ o'clock P. M., to take the character of a scientific section, and to be devoted exclusively to the discussion of questions relating to the science and art of medicine.

Resolved, That the Association, in its capacity of a *Scientific Section*, having no power to act on any subject of a *scientific character*, may continue in session, whenever thought desirable, a longer period than in its more general capacity.

Dr. A. J. Semmes, of Washington, District of Columbia, offered the following, which was adopted:—

Resolved, That a committee of three be appointed to report to the Association, at its next annual meeting, what measures should be adopted to remedy the evils existing in the present methods of holding coroners' inquests by incompetent persons, by which the lives and liberties of the innocent may be jeopardized, and the ends of justice frustrated.

Dr. Semmes, of Washington, Dr. Hyle, of Wilmington, and Dr. Condie, of Philadelphia, were appointed.

Dr. J. L. Atlee offered the following resolutions, which were intended to counteract a recent recommendation of the Legislature of Michigan:—

Resolved, That to secure efficient teaching in medical schools, where a prime object is to enforce practical precepts, a large degree of union and harmony must exist among the teachers, and confidence be reposed in them on the part of their pupils.

Resolved, That any such unnatural union as the mingling of an exclusive system, such as Homœopathy, with Scientific Medicine, in a school, setting aside all questions of its untruthfulness, cannot fail, by the destruction of union and confidence, and the production of confusion and disorder, unsettling and distracting the minds of the learners, to so far impair the usefulness of teaching, as to render any school adopting such a policy unworthy the support of the profession.

Dr. A. B. Palmer, of the University of Michigan, in seconding the resolutions, desired permission to offer a few remarks. After briefly stating some of the peculiar features of the incorporation of the University, he went on to say that the institution is under the management of a board of Regents elected by the people, by whom the professors in the various departments of science and art are appointed. The *Legislature* has *nothing to do* with the appointment of professors. During the session of the Legislature the past winter, the admirers of homœopathy had made special effort, and had succeeded in obtaining a *recommendatory* action on their part, in reference to the establishment of a chair of homœopathy in the University. It had been represented to them, that a large part of the people of Michigan favored that peculiar mode of practice, and that it was but fair that its principles be inculcated in the State University.

The spirit of this recommendation is, and has been resisted, both by the Regents, and by the faculty and students of the medical department of the University.

Dr. Palmer wanted an expression of opinion by the Association on this matter. Legislatures should know that Homœopathy and Scientific Medicine should not, and cannot be united in one school—they are incompatible, and neither he or any of his colleagues could, or would continue in any school where such an absurdity was attempted.

Some of the medical journals have given an erroneous impression in regard to this action of the Legislature. The faculty are going to act energetically in this matter, and they ask the Association to co-operate with them in instituting a thorough and systematic inquiry, both in this country and in Europe, into the pretensions and practice of this delusion and imposture, that the minds of the people may be enlightened on the subject. As the friends of homœopathy in Michigan have raised the issue, the faculty of the University wish to meet it. Circulars of inquiry will soon be sent out, and the faculty hope that they will be promptly responded to.

The doctor repeated the assurance that on no account would the faculty tolerate a chair of homœopathy in the University, but that, to a man, they would resign their positions rather than submit to so absurd and humiliating an appointment.

The doctor's remarks were received with evident satisfaction by the members, as was shown by the frequent rounds of applause that greeted him.

Dr. Clendenin, of Ohio, offered the following:—

Resolved, That no State or local society shall be hereafter entitled to representation in this Association that has not adopted its Code of Ethics.

Resolved, That no State or local society that has intentionally violated, or discarded any article or clause in the Code of Ethics, shall longer be entitled to representation in this body.

A motion to lay the above on the table was lost.

Dr. Miltenberger, of Baltimore, offered an amendment, which was amended by Dr. J. L. Atlee to read as follows:—

Whereas, It has been brought before the notice of the American Medical Association that the State Medical Society of Ohio has violated, at their last meeting, Sec. 4th, Art. 1st, Chapter 2d, of its Code of Ethics; therefore, be it

Resolved, That the Secretary of the Association be directed to inform the officers of that society that, unless such action be rescinded, they cannot be hereafter represented in this Association.

These were added to the resolutions of Dr. Clendenin, and adopted unanimously; the delegates from the society in question being forward in support of them.

Dr. Alfred Stillé offered the following resolutions:—

Resolved, That a special committee of five be appointed to report at the next meeting of the Association on the following question: Might not the present system of repeating the same lectures to the same classes, during two successive terms, be usefully modified by extending the lectures of each chair over two sessions, so as to embrace a systematic and complete discussion of each of the following subjects:—

1. Special, Regional, and General Anatomy, including illustrative references to Morbid Anatomy.
2. Inorganic, Organic, and Pharmaceutical Chemistry, and Toxicology.
3. General and Human Physiology; Hygiene; Medical Jurisprudence.
4. Medical Botany; Materia Medica; General Therapeutics.
5. General Pathology; Morbid Anatomy (Systematic); Practice of Medicine.
6. General Surgical Pathology, or Institutes of Surgery; Mechanical, Operative, and Medicinal Surgery.
7. Obstetrics; Diseases of Women; Diseases of Children.
8. Hospital Clinical Medicine and Surgery.

Resolved, That the committee, at an early day, address the several Medical Colleges, in regard to the proposed plan of instruction, requesting from them an official expression of opinion upon its merits and feasibility.

The chair appointed the following gentlemen as the committee, to whom the subject is referred:—

Dr. Alfred Stillé, of Philadelphia, chairman, Prof. Samuel Jackson, Philadelphia, Dr. John Bell, Philadelphia, Dr. John Watson, New York, Dr. J. L. Cabell, Charlottesville, Va.

Dr. Corson, of New York, read a volunteer report on the Influence of Lead on the Heart, which was referred to a special committee of three for examination.

The hour of recess now arrived, and a motion prevailed to dispense with the recess, and remain in session until final adjournment.

Dr. Thomas, of Baltimore, explained a simple method of preparing nitrate of silver for inhalation in diseases of the throat and chest. The apparatus was placed on the table, and, when put in motion, the nitrate of silver was thrown off in an impalpable powder. The subject was referred to a special committee of three.

Dr. Atlee called up a resolution, offered at the last meeting of the Association, directing the especial attention of the Committee on Epidemics to the subject of the contagiousness or non-contagiousness of cholera. The resolution was then adopted.

Dr. Davis said that the Association had returned thanks piecemeal, and he was very much afraid that some of the institutions visited had been overlooked. He moved that the Secretary be instructed to insert the names of any that had been omitted. Agreed to.

AMENDMENTS TO THE CONSTITUTION.

The amendment to the Constitution, proposed by Dr. Gross at the last meeting, providing for the election of officers immediately before the adjournment of the Convention, instead of at its commencement, was called up, and, on motion of Dr. Davis, it was indefinitely postponed.

The amendment to the Constitution, providing that the Association meet on the second, instead of the first Tuesday of May, was called up, and its approval advocated by several of the New York delegation. A motion for indefinite postponement was agreed to.

Dr. Davis called up an amendment to the Constitution, offered at the last meeting, dispensing with the Nominating Committee, and then moved that it be indefinitely postponed. Agreed to.

The amendment to the Constitution, to change the title of "Committees on Epidemics" to "Committees on Prevalent Diseases," was, on motion, indefinitely postponed.

A member offered an amendment to the Constitution, by which the Recording Secretary and Treasurer of the Association are made permanent officers, and their travelling expenses directed to be paid. Laid over under the rule.

The following amendment to the Constitution was offered and laid over until the next meeting: "Any permanent member, who shall not pay for the published *Transactions* for three successive years, shall be considered as having withdrawn."

An amendment was offered to the Constitution, changing the name of the Association to that of "National Medical Congress," and providing that at least one meeting in three years be held in Washington, D. C. Laid over under the rule.

An amendment to the Constitution was offered to the effect that medical societies which do not adopt the Code of Ethics shall not be considered "in good standing." Laid over under the rule.

Dr. L. D. Scheetz, of Ohio, presented the following:—

Whereas, It has been found necessary to adopt some means of elevating the standard of education, both *professional* and *general*, among medical men, by those who are best acquainted with the sad and lamentable defi-

ciency which prevails in this respect among a large mass of the profession, and particularly in the Western States; and *whereas*, efforts to this effect at home have been opposed on the ground that more was exacted by such as took an active part in the matter than is required by the "American Medical Association;" and *whereas*, it is believed that the National Society can exert a beneficial influence over the whole country; therefore,

Resolved, That the Constitution of this Association be so amended as to require all delegates, before being allowed a seat in said Association, to satisfy the proper authorities that the societies which they represent, require graduation as a *sine quâ non* to membership therein; and that no person can become a *permanent member*, a *member by invitation*, or can be received as a delegate from any other body, unless he be a *graduate* of some respectable school.

Resolved, That the editors of the various medical journals of the United States be requested to publish the foregoing, so that an interest may be awakened upon this subject, and that Societies may be prepared to comply with the above requisitions, in case they meet the approval of this Association. Laid over under the rule.

REPORT OF COMMITTEE ON NOMINATIONS.

The Committee on Nominations reported the following committees for the present year:—

Committee on Prize Essays.—Drs. A. B. Palmer, Samuel Denton, A. R. Perry, Abram Sager, S. H. Douglass, Corydon La Ford, E. Andrews, all of Michigan.

Committee of Arrangements.—Drs. Zina Pitcher, Moses Gunn, G. B. Russell, A. S. Leland, Moses Stewart, Peter Klein, and J. A. Brown, of Detroit.

Committee on Plans of Organization for State and County Societies.—Drs. A. B. Palmer, Michigan; N. B. Ives, Connecticut; E. B. Haskins, Tennessee; Chas. Woodward, Ohio; Josiah Crosby, New Hampshire.

Committee on Medical Literature.—Drs. P. C. Gaillard, South Carolina; N. P. Monroe, Maine; Jas. Couper, Delaware; R. Hills, Ohio; A. Coffin, South Carolina.

Committee on Medical Education.—Drs. W. H. Anderson, of Alabama; J. B. Flint, Kentucky; P. H. Cabell, Alabama; Geo. Hayward, Massachusetts; E. B. Smith, Missouri.

Committee to procure Memorials of the eminent and worthy Dead.—Drs. P. A. Jewett, Conn.; Thos. F. Betton, Pa.; C. J. Blackburne, Ky.; Wm. M. Boling, Ala.; Zina Pitcher, Mich.

COMMITTEE ON MEDICAL TOPOGRAPHY.—*Maine*—J. C. Winston, of Bangor.

New Hampshire—Edmund R. Peaslee, of Dartmouth College.

Vermont—Joseph Perkins, of Castleton.

Massachusetts—George C. Shattuck, of Boston.

Rhode Island—Joseph Mauran, of Providence.

Connecticut—Chas. Hooker, of New Haven.

New York—Joseph M. Smith, of New York.

Pennsylvania—Jacob M. Gemmil, of Hollidaysburg.

New Jersey—Lyndon A. Smith, of Newark.

Delaware—Jas. M. Thompson, of Wilmington.

Maryland—Peregrine Wroth, of Chestertown.

District of Columbia—Thomas Miller.

Virginia—J. F. Peebles, of Petersburg.

North Carolina—O. F. Manson.

South Carolina—D. O. Cain, of Charleston.

Georgia—John F. Posey, of Savannah.

Alabama—S. W. Clauton, of Warsaw.

Mississippi—T. O. Grafton, of Rodney.

Louisiana—E. D. Fenner, of New Orleans.

Tennessee—E. B. Hoskins, of Clarksville.

Kentucky—W. L. Sutton, of Georgetown.

Ohio—G. Mendenhall, of Cincinnati.

Indiana—Vierling Kersey, of Milton.

Michigan—J. H. Beach, of Cold Water.

Illinois—John Evans, of Chicago.

Missouri—J. B. Alleyne, of St. Louis.

Wisconsin—A. S. Castleman, of Delafield.

Iowa—E. A. Arnold, of Davenport.

Minnesota—J. H. Murphy, Falls of St. Anthony.

U. S. Navy—Thomas Dillard, of Philadelphia.

U. S. Army—Clement A. Finley.

Committee on Registration of Marriages, Births, and Deaths.—Drs. R. M. Wilson, Hartford, Conn., *Chairman*; G. S. Palmer, Gardiner, Me.; Silas Cumming, Fitz William, N. H.; G. T. Elliott, Woodstock, Vermont; Ed. Jarvis, Dorchester, Mass.; Jos. Mauran, Providence, R. I.; Jno. H. Griscom, New York, N. Y.; H. Carpenter, Lancaster, Pa.; O. H. Taylor, Camden, N. J.; Lewis P. Bush, Wilmington, Del.; A. Snowden Piggot, Baltimore, Md.; David H. Tucker, Richmond, Va.; — Pitman, Tarboro', N. C.; Harry Lindsly, Washington, D. C.; Jno. L. Dawson, Charleston, S. C.; R. D. Arnold, Savannah, Ga.; A. Lopez, Mobile, Ala.; Jas. Jones, New Orleans, La.; R. C. Foster, Nashville, Tenn.; C. J. Blackburne, Covington, Ky.; Jno. Dawson, Columbus, O.; Edward Murphy, New Harmony, Ind.; A. D. Stebbins, Detroit, Mich.; J. V. Z. Blaney, Chicago, Ill.; Geo. D. Wilber, Mineral Point, Wis.; Wm. M. McPheeters, St. Louis, Mo.; J. D. Elbert, Keosauqua, Iowa; Jno. H. Murphy, Falls of St. Anthony, Minnesota.

Mississippi and Arkansas, blank.

SPECIAL COMMITTEES.—Dr. Lewis H. Steiner, of Washington, D. C., on Strychnia—its Chemical and Toxicological Properties.

Dr. Ashbury Evans, of Covington, Ky., on Tracheotomy in Epilepsy.

Dr. J. Taylor Bradford, of Augusta, Ky., on the Treatment of Cholera.

Dr. Charles Q. Chandler, of Rocheport, Mo., on Malignant Periodic Fevers.

Dr. H. A. Johnson, of Chicago, Illinois, on the Excretions as an Index to the Organic Changes in the System.

Dr. Henry J. Bigelow, of Boston, Mass., on Microscopical Investigation of Malignant Tumors.

Dr. E. H. Davis, of New York, on the Statistics of Calculous Diseases, and the Operations therefor.

Dr. J. S. Carpenter, on the Treatment and Curability of Reducible Hernia.

Dr. A. J. Fuller, of Maine, on the Best Treatment of Cholera Infantum.

Dr. William B. Page, of Philadelphia, on Injuries of the Joints.

Dr. Wilson Jewell, of Philadelphia, on the Statistics of Mortality in the United States.

Dr. J. Knight, of New Haven, Conn., on Endemic Fevers.

Dr. P. H. Cabell, of Ala., on the Native Substitutes for Cinchona, Indigenous to the Southern States.

Dr. James M. Newman, of Buffalo, N. Y., on the Sanitary Police of Cities.

Dr. L. M. Noble, of Le Roy, Ill., on Puerperal Fever and its Communicability.

Dr. J. M. Freer, of Chicago, Ill., on the Progress of General and Descriptive Anatomy.

Dr. J. M. Corson, of New York, on the Causes of the Impulse of the Heart, and the Agencies which Influence it in Health and Disease.

Dr. D. Meredith Reese, of New York, on the Causes of Infant Mortality in large Cities, the Source of its Increase, and the Means for its Diminution.

Dr. Mark Stephenson, of Vermont, on the Treatment best adapted to each

Variety of Cataract, with the Method of Operation, Place of Election, Time, Age, &c.

Dr. J. B. Coleman, of New Jersey, on the Effect of Mercury on the Living Animal Tissues.

Dr. T. G. Richardson, of Louisville, Ky., on the Diversity of the Venereal Poison.

Dr. J. B. Flint, of Louisville, Ky., on the best mode of rendering the Medical Patronage of the National Government tributary to the honor and improvement of the Profession.

Dr. M. M. Latta, of Goshen, Indiana, on whether there are any means by which the growth of the Fœtus in Utero may be controlled without injury to mother or child.

Dr. Thos. Miller, of Washington, D. C., on Toxicology.

Dr. E. R. Peaslee, of Hanover, N. H., on Inflammation, its Pathology, and its Relation to the Reparative Process.

Dr. D. D. Thompson, of Louisville, Ky., on the Remedial Effects of Chloroform.

Dr. Wm. Clendenin, of Cincinnati, Ohio, on Epidemic Erysipelas.

Dr. C. G. Comegys, of Cincinnati, Ohio, on the State of the Urine in Tubercular Disease.

ART. II.—*An Essay on Animal and Vegetable Life*.

By JOHN B. PHILLIPS, M. D.

IN the wide domain of nature there are two worlds, the *animate* and the *inanimate*, corresponding in a certain degree with the spiritual and the material worlds. Between the higher forms of the one, and the lower forms of the other, the line of demarcation is sufficiently well drawn, and they exhibit phenomena so obviously different as to completely distinguish them from each other. Nevertheless, there is a point where they seem to approach and blend, like two streams mingling together, as in crystallization, where the typical force which determines the form of the crystal presents a striking analogy to organic force in plants and animals. There are many who regard animal and vegetable existence as merely a higher development of the inorganic world. I am far from entertaining any such idea. As I said at the commencement, I believe that there are *two* worlds sufficiently distinguished from each other, both equally a production of the same creative power. If we go to the scriptural account, we find it stated that in the beginning God created the heavens and the earth. And the firmament was made to divide the waters from the waters, and the waters were gathered together and the dry land appeared.

And then "God said, Let the earth bring forth grass, the herb yielding seed, and the fruit tree yielding fruit after his kind, whose seed is *in itself*, upon the earth; and it was so." "And God said, Let the earth bring forth the living creature after his kind, cattle, and creeping thing, and beast of the earth after his kind; and it was so." And finally, the Lord formed man out of the dust of the earth, and breathed into his nostrils the breath of life, and he became a living soul.

Of course, this proves nothing upon the point mooted above; it only goes to show, what all observation and science confirm, that the work of creation was a *progressive* one, proceeding step by step from the production of great masses of inert matter, up to its crowning work, the creation of man.

It is interesting here to remark the emphasis which is given in this account to the *reproductive function* in speaking of plants and animals. In the inanimate world there is no new production or evolution of new matter; no reproduction, hence nothing is said here in regard to it. But when it comes to speak of *animate* objects, as if to make a broad distinction between them, this function is specially emphasized. It speaks of the grass and herb *yielding seed*. The fruit tree yielding fruit *after his kind*, and as though this were not explicit, it adds, *whose seed is in itself*. Again, it speaks of the earth bringing forth living creatures after his kind, cattle and creeping things, and beasts of the earth *after his kind*.

This leads us to one of the most important distinctions in the two grand divisions of nature. In the inorganic world there is no such thing as reproduction, no like producing like, each after its kind; it is the same to day as when first created; nothing has been added, nothing subtracted. True, changes of a certain kind are continually occurring from physical and chemical causes. Islands are submerged and new islands arise out of the sea. Mountains are thrown up by volcanic force; valleys and lakes are filled up by the force of running water; solid rocks are melted down to form the soil by chemical agency; but all these changes are totally different from many of the phenomena exhibited by living beings.

Take the one already alluded to—the power by which like produces like constitutes a force entirely *unique*. It has no

counterpart in the universe. The astronomer with optic glass may peer into the utmost bounds of space; he may discover new stars, new worlds, and systems of worlds, but they will not differ materially from worlds already discovered; he may reveal to us new truths, and evolve laws which may astonish and overwhelm us in the contemplation of them, but they will still be merely physical laws relating to dead inert masses of matter.

We need not travel beyond the solar system to discover another world. On the contrary, should we reverse the glass of the astronomer and turn our attention to the life phenomena, we may here discover the *only* other world that exists in the creation of God; more wonderful in its revelation, and more exalted in its character, inasmuch as it was the last and crowning work of His hand.

Without pushing this parallelism further, I propose in the present essay to speak in a somewhat general way of some of the phenomena of *animal and vegetable life*.

I shall not waste time at the threshold by attempting to define what life is! Some one has said that "Life is the result of all those forces by which death is resisted," but I do not see that we are much instructed by the definition. Notwithstanding all the time, and effort, and thought that has been bestowed upon it, life still remains to be the greatest mystery which the human intellect has ever attempted to grasp!

In this our limited sphere we are not permitted to know the ultimate causes and essences of things. We know nothing of matter but its properties, its revelations, and its laws. As to the *cause* of light, heat, electricity, galvanism, or gravitation, we are utterly in the dark. To know these things is the prerogative of a higher state of intelligence, and all attempts to "jump the life to come," however well intentioned, must ever prove barren and fruitless, or if they yield fruit at all, like that we read of in the eastern tale, it will turn to dust and ashes in the grasp.

But it must not be supposed that, because we are ignorant of the *essential nature* of the vital principle, that therefore we can know nothing. This is far from being the case. Our opportunities for investigation are equally as extensive in this, as in any other department of rational inquiry.

Suppose, for a moment a person just commencing his investi-

gation in this direction; he might derive some important suggestions from the changes of the seasons, in their effect upon animal and vegetable life. We are now living in the depths of winter, what a change since six months ago! The hills are no longer clad in green, no flowers bloom on the plain. The north wind whistles through leafless branches, the feathered songsters have deserted our forests; the fishes are petrified in our frozen lakes, no hum of insect is heard in the air. Death, as it were, riots and triumphs over life. These phenomena naturally suggest to us that cold is inimical to life.

But if we wait a few short months, the sun, which has already commenced his steady march toward the equinox, bringing with him the warm south wind, will melt the icy breath of the north, and repair the waste and desolation of winter. Again will life advance his standard in our midst; his flag will wave upon the branches of our giant oaks; again shall we see the hills robe themselves in their bright investiture of green, and all the earth, and air, and waters, will be teeming and redolent with the evidences of a redundant life.

What will this teach, but that *heat* in a certain amount is necessary to animal and vegetable existence? But this is not all we may learn from these changes. The plant that will spring out of the earth in a few months, will not be the same that flourished the year preceding; that has utterly perished, and been resolved into its original elements. But, it has left behind it its *seed*, "*the seed which was in itself.*" The winds of autumn have shaken it from its stalk, successive rains have buried it beneath the soil, where it now lies concealed. In the warm spring days this little seed will evince the motion and stir of life; it will thrust forth its leaves to drink the air and sunshine, and thus go on increasing until it shall have filled its cycle of existence.

This leads us directly to the consideration of *another* essential element in all animal existence, viz: the *seed*, or, more properly, the *germ*, which is contained within it.

The essential and indispensable conditions of life, are not as numerous as might be supposed, but these few are absolutely imperative. They may be stated to be:—

First.—A germ, endowed with organic or life force.

Second.—A fluid plasma, or organizable material surrounding

this germ, constituting its pabulum or food; by means of which the various organs of the plant are developed until they can assimilate food for themselves.

Third.—Heat of a definite temperature.

Fourth.—Atmospheric air.

The germ is the seat of the vital principle; it contains within its narrow compass, that "*vis vitæ*," without which no life could exist.

In the whole universe of God, there is nothing perhaps more wonderful or mysterious. It is invisible to the naked eye, requiring a microscope of 400 diameters for its observation. But this point, this speck of dust, is the connecting link between all the generations that are past, and all the generations that are to come. It stands like the present, between two eternities! It is the child of the past, the parent of the future.

The question now arises, by virtue of what particular properties, is it thus enabled to fill a rôle so important?

We know that by its presence in the germinating seed, and in the egg of the oviparous, and ovum of viviparous animals, certain specific results are produced, which are in their nature completely "*sui generis*," that the material with which it is in contact is made to undergo certain modifications and transformations, by means of which, out of unorganized materials, a complete organism is evolved, and the very dust of the ground, as it were, is made to assume and exercise the high attributes of vitality.

The force by which this is effected has been variously termed, germ force, organic force, life force; all of which we may regard as synonymous terms.

The character and nature of this germ force have not yet been explained. We can observe its manifestations, and trace out its effects, but as to its ultimate nature, we are left more or less to conjecture. Quite recently, a very interesting hypothesis has been started in relation to it, to which we will give a passing notice. I allude to that founded upon the identity, or correlation which has been shown to exist between the various physical forces in nature, such as light, heat, electricity, galvanism, chemical forces, &c. These, it is found, are only different states or modifications of one great force.

This doctrine they now propose to carry up from the inorganic

to the organic world. This is the view advocated by Dr. Carpenter in the last edition of his work.

"It seems, then," says this author, "to be the legitimate expression of the dynamical conditions requisite for the production of the phenomena, which we distinguish as vital, to say that they are dependent, directly or indirectly, upon the *physical forces* pervading the universe, which, acting through organized structure as their material substratum, manifest themselves as vital force, one of the most characteristic operations of this being the production of new tissue, which, in its turn, may become the instrument of a similar metamorphosis. The plant, when acted upon by light, forms certain organic compounds, at the expense of the water, carbonic acid, and ammonia, of the soil and atmosphere, decomposing these binary compounds into their four elements, and uniting these again into ternary and quaternary combinations of a very peculiar character; and the light, by whose agency alone this process can be effected, may be considered as metamorphosed into the peculiar *affinity*, or chemical force, by which the elements of these compounds are held together. The pabulum thus generated, is applied by the vegetable organism to the extension of its own structure, the vital force requisite for this purpose being sustained by heat acting *ab externo*; and thus the fabric may be augmented to an almost unlimited extent, every increase of surface affording a new instrument for the agency of light, and thus, affording the conditions requisite for the production of an additional amount of organic compounds. The whole *nisus* of vegetable life may be considered as manifesting itself in this production; and, in effecting it, each organism is not only drawing material, but force from the universe around it."

It is rather a singular circumstance that the Professor of the Institutes of Medicine in the University of Pennsylvania, to whom of right belongs the credit of *originating* this doctrine of the correlation of the physical forces, should hesitate to advance this generalization as an explanation of vital phenomena. As a general rule, that parental partiality, which it is natural to entertain toward intellectual offspring, is more liable to be carried to extremes than otherwise; and all the world agree that there is something to be pardoned to this feeling. It therefore seems to be a special mark

of intellectual temperance on the part of the professor alluded to above, that he should have limited the application of his doctrine to the physical forces alone (perhaps, also, including nerve force); not allowing himself to be lured by the beauty of a theory to carry it beyond the bounds warranted by facts; while, at the same time, we find Dr. Carpenter, and other eminent men his juniors in this doctrine, loudly proclaiming the identity of the physical and vital forces, as seen in the extract above.

As to the merits of the argument in this controversy, I have little difficulty in deciding. I should be constitutionally disposed to look *beyond* a "material substratum" for the explanation of life phenomena. As I said at the beginning, I believe there are two worlds. In these latter days the existence of the material world does not seem doubted; but there are still some things in heaven and earth not to be explained by the material philosophy. We live in an age of materialism. Science, commerce, the arts, and even religion, seem threatened to be overwhelmed in its vortex. It is meet that this tide should be resisted; not certainly to deny or resist the truth, but to keep watch and guard that no established, no sacred landmark should be carried away without reasons ample and incontrovertible.

In this point of view, I think the doctrine advocated by Dr. Carpenter would be one step in the wrong direction; the next step would obviously be that *mind* is nothing but another metamorphosis of the same force.

I see no difficulty whatever in admitting the existence of germ force separate and distinct from any other. On the contrary, it would appear nothing but reasonable, that existences so totally dissimilar as a stone or a lump of earth, and a man, should have some fundamental difference in their essential nature.

The first exception I take to these extracts is, that the simple production of new tissue is *not* the most remarkable characteristic of vital force. On the contrary, when the vital force is altered, weakened, or depraved, the production of new tissue may still go on as we see in cancerous and fungoid growths, and these tissues are often produced with far greater rapidity than the proper tissues of the body. But these, though "new," are not normal tissues. And why? Simply because they have been produced beyond the guiding and regulating control of the vital force. Their existence

is an infallible evidence of the disturbance of the vital force, wherever they are found. It would therefore appear that vital force is not simply concerned in the production of new tissue so much as in the limiting, controlling, and regulating its production. When the functions of the cerebellum are deranged, muscular action is not lost, but only the conducting power; the erratic movements which follow are analogous to the chaotic character of fungoid growths. It is the plastic power which forms the individual after the ideal type of the species.

Light, says Dr. Carpenter, is metamorphosed into a "peculiar affinity" in the plant. Here he seems to have overlooked the fact, that light is not simple in its nature or effects. Besides its luminous, it has chemical as well as calorific properties; and it is the chemical properties that are required for the production of plants, as will hereafter appear.

The chemical action of light upon the plant is limited to the preparation of its pabulum; and it has not been shown wherein it is more "peculiar" in this respect than in many others. It seems to me that its action in daguerreotyping is equally remarkable, equally "peculiar."

The chemical property of light is not an occasional or "peculiar," but a constant one. No metamorphosis is required to act upon the leaves of plants, more than upon the plate of the daguerreotype. In order to determine the question whether it is metamorphosed into vital force, Dr. Carpenter has evidently commenced at the wrong end; he takes the plant when it is in leaf, in the prime of its existence, when the vital force is already formed, and is in full activity. The germ has now divided and subdivided, and filled the whole structure with tissue germs, and all that it now requires for continued existence, is nourishment by the proper food. We must go back and commence at the starting point—the *seed*. And here let us examine whether this seed, *per se*, is capable of extracting force from the universe around. Or whether it does not contain within itself a force which is its most essential attribute; not a metamorphosis of any mere physical force; not struck out by chance during the early changes of germination, but an independent and original endowment derived from the parent, and reaching back to the mind of the Creator himself.

Dr. Carpenter intimates that light is changed into organic force

in the case of the plant. Now, is light necessary for the germination of the plant? I am not certain that we have any very positive knowledge on this point, but it has heretofore been considered that *darkness*, and not light, is requisite to this process. The seed is buried beneath the soil, excluded from the light. With heat, moisture, and oxygen, a seed will germinate better, it has been thought, without light than with it. The ovum in utero is excluded from its influence. Hence, whatever explanation may be assigned, it cannot be light which undergoes this change.

If the germinal part be extracted from the seed, no matter in what circumstances it may be placed, by what influences it may be surrounded, or what forces may be brought to bear upon it, the result is the same—a complete failure in eliciting anything like vital phenomena.

Place a fecundated egg in the proper material conditions, and a *living organism* is the result. Place an unfecundated one in precisely the same circumstances, and we have nothing but a mass of putrefaction.

This simple fact is in itself a host; and it seems to me utterly inexplicable upon any other hypothesis than, that the germ is endowed with a peculiar, original formative power, whereby *life* and *form* are evolved out of the *formless* and *inanimate*.

TO BE CONTINUED.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. III.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, March 14, 1855.

Removal of Astragalus.—Dr. DETMOLD presented the *astragalus*, removed by him in November, from a patient who dislocated the foot. All attempts to reduce the dislocation had failed. The *astragalus* penetrated the skin. He removed the bone, an operation frequently performed in such circumstances. After the operation the foot looks well, there usually being but little deformity or shortening of the limb. Many cases, however, succumb to the

operation, in consequence of the very tedious process of healing the part, and the frequent occurrence of severe inflammation. It is five months since the operation was performed—openings have been required from time to time; and, at present, the skin over the external malleolus is exceedingly thin.

In a similar case he should hesitate as to the advisability of removing the astragalus, in preference to amputating the foot, according to Syme's plan, or the more preferable osteo-plastic operation proposed by Peregoff, a Russian surgeon.

Dr. BATCHELDER has operated twice in similar cases, unsuccessfully—in one instance the patient died in ten days, from tetanus; in the other, amputation was subsequently performed.

Dr. MARKOE referred to a case operated upon by Dr. De Camp, Surgeon U. S. Army, at Governor's Island, some eighteen months ago. The patient, a young Irishwoman, was received into the New York Hospital, eight months after the operation; the shortening was less than half an inch; she had no power to bear her weight. He was favorably impressed with the operation.

Strangulated Intestine, with Pleuritic Effusion.—Dr. FINNELL presented a case of *strangulated intestine*, taken from a man, aged 24, who died March 9th, after an illness of four days. He first complained of pain and distress over the region of the stomach, accompanied with headache, thirst, and fever. After the second day, he commenced vomiting, which continued at intervals until a few hours previous to death. At the *autopsy*, twenty hours after death, the liver was found enlarged and fatty. Both kidneys were granular; the left one containing a small quantity of pus. The stomach was about half full of yellow fluid; the ileum was twisted upon itself several times, forming a complete strangulation; the intestines, above and below this point, were empty, nor was there any sign of inflammation present. On opening the chest, it was found that the right pleural cavity contained a quart of purulent fluid, with recent fibrinous exudation, covering the entire pleura. He (Dr. F.) attributed his death to acute pleurisy.

Dr. CLARK remarked as to the alleged cause of death, he could not recall a case of single, uncomplicated pleurisy terminating fatally in so short a time, as the one just related, or in any part of the acute stage. Louis says that pleuritis is the least fatal of the acute inflammations.

Dr. GILMAN referred to an examination made by him, at the request of the coroner, many years since, of a negro, who received a stab of a knife in the breast; the wound not, however, penetrating the cavity of the chest. He was sick a short time, about fourteen days. He died of *pleurisy*—nothing else was found. The stab was in one *side* of the chest, and the *pleurisy* on the *other*. This he considered an instance of uncomplicated pleuritis, terminating fatally in the acute stage.

Wounds of the Heart.—Dr. Finnell next presented a portion of the integument of the outer part of the thigh, pierced in two places by a pistol ball. The particulars of the case have been fully commented upon by the daily papers. The wound was received on Sunday morning, between 12 and 1 o'clock. He died on the Thursday week following.

A *post-mortem* examination was made by Dr. Finnell. He found two wounds on the surface of the body—one in the lower and outer portion of the thigh, the other in the chest. The one in the thigh had two openings about an inch apart, and measuring a quarter of an inch in diameter. It passed through just beneath the skin without touching the muscle of the leg. The ball in the chest entered the sternum just at its junction with the cartilage of the fifth rib, passing through the bone and pericardium into the substance of the heart, where it was found. On raising the breast-bone and exposing the pericardium, it was found very much distended, measuring five inches in its transverse diameter, and six in its vertical. It contained about thirty ounces of a sero-sanguineous fluid. The external surface of the heart was covered with fibrinous exudation, the recent product of inflammation. The heart was washed and laid aside with no suspicion that the ball was lodged in it until after nearly two hours' search in the cavity of the chest, and especially along the side of the spine. At last the heart was very carefully felt over, and the bullet was found imbedded in its muscular texture. On making an incision it was exposed. Its lodgement was in the septum, between the ventricles, about an inch and a half from the apex of the heart, and a quarter of an inch from its surface. The muscular substance had united over the ball and healed so far that the point of entrance was obliterated. He lived for twelve days without any palpitation, or any fainting or syncope such as is usually experienced in a morbid condition of the heart. Its action was perfectly regular. There is no question but that, under favorable circumstances, he might have recovered, and experienced little, if any, inconvenience from the ball. Four or five days after he was shot, he was quite strong. He died from pericarditis. It is probable that, on Wednesday night, the effusion began to come on, and it rapidly increased. At 9 o'clock on Thursday morning it suddenly increased, and he sunk immediately. The lungs were pale and cedematous. The liver, kidneys, stomach, and other organs, presented an unusually fine view of organs in a sound condition. The whole body was a most perfect specimen of fine muscular development; even to the ends of his toes the muscles were remarkably developed.

Dr. DETMOLD remarked that similar cases were not unknown. Baron Larrey records one instance of a man who received a wound in the thorax from a musket ball: he went about laboring appa-

rently under nothing serious; he suddenly died. The bullet was found free in the cavity of the left ventricle. Several other cases are mentioned by him.

Dr. CLARK referred to two instances on the records of the Society, where the heart was pierced through by a sharp instrument, one patient living about thirty days, the other eleven days.

Dr. MARKOE remembers one case living two days after receiving a stab in the heart; another lived six days, the instrument having passed through the left ventricle.

Dr. CHURCH, in a *post-mortem*, once found a needle on one of the valves of the aorta.

Dr. PURPLE mentioned an instance, where the heart was transfixed entirely. The patient lived eleven days. Another case is recorded in a medical journal, edited by the late Dr. Drake, of Cincinnati, of a negro, who shot himself; he lived sixty-six days; *two shot* were found in the left ventricle, and *one* in the right auricle.

Dr. JENKINS mentioned an instance where a piece of a ramrod, three inches long, entered the heart—the patient living twelve days.

Dr. BATCHELDER instanced a case, related by Sir Astley Cooper, of a soldier who received a bayonet wound, passing through the colon, stomach, and diaphragm, into the heart, and living nine hours.

Chronic Pneumonia.—Dr. Clark presented a *lung*, much contracted, on section, having the appearance commonly termed *chronic pneumonia*. It doubtless had been the seat of tubercles, which had been removed. In September, the right side of the chest was much enlarged, and found filled with serous fluid, the heart crowded to the left nearly an inch, dulness throughout on percussion, and no respiratory murmur, but bronchial respiration posteriorly. About the middle of October, the fluid subsided, and tuberculous cavities were recognized. The heart was then gradually drawn to the right side, as the fluid subsided, and the chest contracted, so that the apex was finally found three and a half or four inches from the median line on the right side. It occupied a space on the right side exactly corresponding with its natural position on the left, while over the left præcordial region resonance was peculiarly clear.

Post-mortem examination showed the right lung firm and contracted—presenting the conditions of chronic pneumonia. There was a cavity of considerable size; organized false membrane existed on the pleura. The points in the case were, the complete degeneration and uselessness of one lung, and the entire removal of the tubercular matter by softening. The other lung presented the common appearances of tubercular disease; it was enlarged, as if to replace the function of the lung of the other side, and

crowded over the mediastinal space, following the heart in its retreat to the right. Whether this displacement of the heart depended upon the marked contraction of the left lung or the expansion of the right, did not clearly appear, though probably the former was the cause of the change.

Dr. Clark next laid before the society a specimen of soft cancer of the bladder, in the name of Dr. Jas. Hedges, of Elizabethtown. The history of this case will be given at some other time.

Valvular Disease of Heart.—Dr. Clark next presented a specimen of some interest—the ascending, transverse, and descending aorta and valves, taken from a lady, forty-five years of age, who had suffered from angina pectoris. She enjoyed good health until some two years since; she then complained of shortness of breath, increased on going up stairs, or by any sudden emotion. Two and a half months before death, paroxysms of cardiac oppression became more marked, accompanied by a heavy dull pain, extending to the left and sometimes to the right arm. The pain was increased by exertion. During one of her attacks, he was called in the morning about 3 o'clock, and found her suffering, as if an immense weight of ice was placed on the chest, the cold diffusing itself over the whole surface of the body. The heart beat with great force and increased energy. Physical examination gave evidence of moderate enlargement of the heart, attended by a double murmur; the first, most distinct, at the second intercostal space, near the sternum on the right side. Aneurism was at first thought to exist; but the conclusion arrived at was moderate hypertrophy, with double valvular disease. At the *post-mortem* examination of the aortic valves, none were found healthy—atheromatous deposit was abundant; the middle valve was short, and drawn down close to the artery; behind it was a long deposit; the aorta was enlarged for an inch and a half, which probably accounted for the unusual position of the sound heard on the right side.

Singular Effect of Disease of Liver.—Dr. Cock referred to a case reported some time since, by Dr. Isaacs, in which one lung was entirely obliterated. He would, with the consent of the Society, call attention to a patient whom he had seen. He was a single man, twenty-three years of age, of general good health. Some time previously, without any evident cause, the surface of the body gradually became black. At the time of death, on parts not exposed, the skin resembled that of a mulatto. He, at times, evinced some aberration of mind. The most minute examination could locate no disease on any organ. *Post-mortem* revealed the brain normal; the kidney small, but healthy; the liver, natural in size, had a peculiar look, and, on being cut into, its tissue was consolidated to the extent of one inch.

REGULAR MEETING, March 28, 1855.

Dr. BATCHELDER read an abstract of the case, mentioned by him at the last meeting, of *wound of the heart*, reported by Sir Astley Cooper.

Perforating Ulcer of Stomach.—Dr. C. D. SMITH presented a specimen of *perforating ulcer of the stomach*, taken from a man, aged 40 years, of robust constitution, and correct habits, a grocer; had always been in good health, with the exception of occasionally complaining of a gnawing pain in the epigastrium after eating, which was relieved by vomiting. This pain occurred about once a month during a period of two years. The attacks usually coming on after dinner, with more or less severity, continued only a short time, and always ending in vomiting. He took nothing for them, nor ever consulted a physician. Since January last, these attacks have become somewhat more frequent, and have followed other meals. On Saturday, the 17th inst. (a cold, damp day), he was much exposed to the weather. He retired to bed about 10 o'clock P. M., exceedingly fatigued, and suffering somewhat from pain in his stomach, extending over the chest. At 3 o'clock, on Sunday morning, he was awakened by severe flying pains over the abdomen, extending up the sides and chest, which increased in severity. When I was called to him, at about 7 o'clock, he was found with a natural expression of countenance, tongue moist and clean, the skin cool, a little thirst, pulse natural, but complaining of great pain in the stomach and bowels, of a paroxysmal character. There was no pain on pressure, nor very great heat of abdomen. Had had no movement from his bowels for two days. Had vomited once or twice after drinking water. 11 o'clock. Remedies had been ineffectual—suffering continued; condition about the same; no vomiting, however. 4 o'clock P. M. Pain continued without intermission; thirst; pulse 100; pain upon slight pressure all over the abdomen, which was hard and retracted; great restlessness; no operation from bowels; no vomiting. 9 o'clock P. M. Growing rapidly worse; pulse 120 to 130—small; anxious countenance; great tenderness on pressure over the abdomen; no tympanitic distension; thirst; restlessness; profuse perspiration; no vomiting. He continued in this condition till 1 o'clock, Monday morning, when there was a sudden cessation of pain; the surface became gradually cold; pulse less and less perceptible, and about 2 o'clock he died, retaining his intellectual faculties to the last. *Post-mortem eleven hours after death.*—Upon opening the abdomen, the stomach and bowels were distended with gas. There was in the cavity from a pint to a pint and a half of yellow-colored fluid, of a fetid odor, containing albuminous flocculi and pus; the stomach and intestines were glued together with recent false membrane; the peritoneal coat

was intensely red and thickened. On examining carefully the intestines, no other lesion was found, but an opening, a little less than a quarter of an inch in diameter, was discovered in the pyloric extremity of the stomach.

Dr. Clark described the ulcer—of a slow, perforating nature, thickening the tissue as it advances, situated outside the pyloric orifice. He inquired as to the time, after eating, at which vomiting occurred. It was a matter of some importance as respects a diagnosis; in cancer of this organ it almost always took place at a fixed period. Dr. Smith replied that vomiting occurred one hour after eating.

Dr. CLARK then presented, for Dr. S. A. Purdy, a case similar to the last one, with the following account:—

Joanna B., aged 20, a native of Sweden, came to reside in the family of Mr. M., as waiter, about three weeks previous to her death. She is described as having been pale and sickly in appearance, and during the time she resided at the house where she died, she complained of a pain, described by her as dragging in its sensation. She had loss of appetite, vomited two or three times, and appeared to be feeble and languid. The most prominent symptom, however, was pain at the epigastrium. She was as well as usual until 10 or 11 o'clock on Sunday, March 18th, when, while lying in bed, she was seized with a very severe pain in the region of the stomach, so severe as to cause her to cry out and start up violently. This pain continued, without intermission, till 2 A. M., when Dr. Purdy saw her; at that time she was extremely prostrated, pulse feeble, surface cool, and seemed to be sinking rapidly, in consequence of her intense suffering, caused by some internal difficulty of a very grave nature. Upon examination, there was tenderness over the whole surface of the abdomen, which was very much distended and tympanitic, and felt almost as hard as a board. There was no evidence of hernia, nothing, in fact, from the external examination, that indicated the nature of her disease. The treatment was the exhibition of opiates, with fomentations to the abdomen. At 9 o'clock in the morning she was more quiet, and somewhat relieved of her pain, but the tenderness and distension of the bowels remained; pulse rapid and feeble, and her general appearance the same as when first seen. About 1 o'clock she suddenly began to sink, and died in half an hour, about fifteen hours from the time of her seizure.

Dr. Clark regarded these cases as very interesting, when considered together, the most noticeable point in them being the shortness of sickness, in this case death occurring in fifteen hours after the supposed time of perforation; in the other about twenty-four hours.

Dr. SCHILLING remarked he had seen but two similar cases in Ward's Island Hospital; they were more common in Europe. At

Vienna Hospital, some twenty cases a year were observed, more frequently in chlorotic, anæmic girls. Not uncommonly ulcers were found, which had cicatrized; he possessed one such specimen himself.

Rum Stomach.—Dr. FINNELL presented the *stomach*, removed from a woman who had been freely partaking of strong drink; she was carried to the station-house, and the next morning was found dead. The stomach exhibited the common results of the effects of long-continued stimulation, being covered over with dark patches; the kidneys were intensely red; there was also an aneurism of the arch of the aorta, together with abundant atheromatous deposit.

Dr. Clark called attention to the mucous surface of the stomach, of a yellowish cream-color, studded over with white, opaque spots, somewhat resembling a granular kidney. Sometimes this white deposit, in hard drinkers, covers the membrane throughout, the result probably of chronic inflammation, induced by frequent and continued stimulation.

Chronic Pneumonia, again.—Dr. Clark referred to the case of *chronic pneumonia*, presented at the previous meeting. On examination by the microscope, scarcely any air-cells were visible; its substance seemed composed of elastic fibrous tissue. He observed that, in chronic pneumonia, the progress of inflammation was different from that of acute, the fibrinous exudation in the first being *extra-vesicular*, and the contrary in the latter. He did not consider chronic pneumonia as an idiopathic disease, but regarded its existence as a consequence of tubercles.

Complicated Effects of an Abscess.—Dr. Clark then presented the *bladder, urethra, and rectum*, taken from a man, 45 years of age, illustrating the effects of an *abscess* in the *recto-vesical space*, extending forward over the pubis; *air discharged* from the bladder; *pus escaping through the catheter afterwards*; the *urethra pierced* by the catheter, about an inch and a half from neck of bladder; *death from general paralysis; hardening of the brain.* * * *

Uterine Polypi.—Dr. BARKER presented two *polypi* of the uterus; he removed the larger one on March 3d, the other on Sunday. The larger one was in the cavity of the uterus. The patient was the mother of five children. For the last two years she was subject to irregular hemorrhage; it was attached by a pedicle to the upper part of the cavity of the womb. He removed it by excision, in preference to the ligature, on account of the size of the pedicle, the probable length of time to effect a cure, and the irritative fever likely to follow the use of the ligature. Smaller one removed on Sunday. She had suffered from hemorrhage for a year. The polypus was external to the cavity of the womb.

Rapid Course of Pulmonary Disease—Cirrhosis of Liver.—Dr. METCALFE presented the heart and lungs of a woman, between 61

and 62 years of age, who had died of rapid pulmonary consumption. The patient had been, for many years, keeper of a much-frequented tavern, and had habitually consumed very large quantities of spirituous and malt liquors, in drinking with her customers.

Her previous health, with the exception of a smart attack of acute articular rheumatism, forty years previously, had been very good. She had gone through several confinements, without any trouble. For some years, she had increased in flesh, and at the time of the first visit (Nov. 6, 1854), had grown extremely corpulent, weighing at least two hundred pounds. There had been no consumption in any member of her family, nor had she ever suffered from coughs or colds.

Three weeks before my first visit she had complained of a tickling in the throat, when, without coughing, she had raised two or three mouthfuls of frothy, red blood. This had continued, at intervals, up to the time of my being consulted by Dr. Fleet, her regular medical attendant.

There was then great dyspnoea (36 per minute); the pulse 84, of good size, but weak and irregular. The countenance pale and anxious. As well as could be seen for the fat, the chest expanded symmetrically on inspiration. No dulness on percussion, except in a slight degree over costal ends of second, third, and fourth right ribs. No displacement of heart's apex, but its sound transmitted very clearly three inches to the right of the median line. Over the chest generally, especially marked in the posterior portions, was heard coarse crepitant rhonchus. Vocal resonance normal. There was a good deal of cough, with bloody mucous expectoration, small in amount.

The treatment had consisted of rest in bed, opiates, alternating with purgatives, and counter-irritation to the chest.

Nov. 10. Hæmoptysis has continued, but is less copious; feels better and stronger; appetite improved; respiration more free; under right clavicle respiratory murmur very weak; expiration prolonged; heart sounds and voice, as before stated.

Dec. 28. Emaciation has made some little progress, since last visit, notwithstanding that she has been well fed, and has had stimulus such as she had habitually taken. Cough and expectoration less than at last note; pulse 100; respiration 40; auscultatory percussion dull over right clavicle. In infra-clavicular region cavernulous; respiration, pectoriloquy.

These symptoms continued until the 15th of January, 1855, when she died by exhaustion.

The *post-mortem* examination showed that there was tubercular infiltration of the superior portion of the upper lobe of the right lung. A small cavity, not larger than a pigeon's egg, existed at this part. With the exception of a scattering tubercle here and

there, the rest of this lung, as well as the left, was free from every morbid appearance, save the ordinary amount of bronchitis and considerable cedema. The heart was of natural size; the valves healthy; the organ itself overgrown with fat, a large quantity of which was found in the anterior mediastinum. The abdominal organs were healthy, excepting the liver, which was cirrhotic to the last degree—not more than half its natural size, almost of gristly hardness, and covered with the hob-nail irregularities characteristic of the disease. No dropsical effusion into the peritoneum.

Dr. Metcalfe remarked that cases have been frequently presented to the Society, in which the prophylactic power of alcohol against pulmonary tuberculosis has been exemplified. Knowing the habits of the patient from whom these specimens were taken, he was at a loss, either from the history of the case, or from the physical signs when she was first seen, to account for the symptoms under which she labored, especially for the hæmoptysis. The old attack of rheumatism and the known tendency in habitual drinkers to atheromatous degeneration of the aorta, led him to suspect disease of an aneurismal nature, or the possibility of cardiac valvular lesion, with fatty atrophy of the heart. It was only when his visit of the 28th Dec. was made, that he felt himself clear in the conviction that there was tubercular disease in question. The age of the patient, and her great obesity, had influenced him strongly against referring the hemorrhage to what is by all recognized as its infinitely most frequent source, the tuberculous dyscrasia.

It will not be without interest to note the great extent to which the liver had become cirrhotic, without the occurrence of normal dropsy.

DEMILT DISPENSARY, New York.

CUMBERLAND Co., N. J.—The annual meeting of this Society was held in Bridgeton, April 10, 1855.

The Society resolved to continue to purchase the *Transactions* of the American Medical Association. The report of the Delegates to the State Medical Society, read by Dr. ELMER, was highly approved for its useful hints and suggestions. A resolution was passed recommending the NEW JERSEY MEDICAL REPORTER to the support of the members. The following officers were elected for the ensuing year: Dr. J. H. HAMPTON, President; Dr. E. E. BATEMAN, Vice-President; Dr. J. B. POTTER, Secretary; Dr. B. R. BATEMAN, Treasurer.

MONMOUTH Co., N. J.—This Society held its annual meeting in Freehold, April 30, 1855. Fifteen members were present. Drs.

T. J. THOMASON, JOSEPH B. GOODNOUGH, W. C. LEWIS, and E. W. OWEN, were admitted to membership.

A resolution was presented by Dr. ENGLISH, which was adopted, recommending the NEW JERSEY MEDICAL REPORTER to the support of the members. Resolutions were adopted in respect to the memory of the late Dr. CHARLES C. BLAUVELT, who was a member of the Society. Dr. DAYTON made a verbal report of a case of Inversion of the Uterus. An interesting discussion arose on the question of the contagiousness of Smallpox.

The following officers were elected: Dr. WM. H. HUBBARD, President; J. E. ARROWSMITH, Vice-President; EDWARD TAYLOR, Treasurer; JOHN VOUGHT, Secretary; A. B. DAYTON, Reporter. *Delegates to State Medical Society.*—Drs. TAYLOR, WOODHULL, VOUGHT, and ARROWSMITH. *Delegates to American Medical Association.*—Drs. J. S. ENGLISH and ROBERT LAIRD.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA.—At a meeting, held on Tuesday, the 8th of May, the following officers were elected for the ensuing year: Dr. WM. JONES, President; Dr. JOSHUA RILEY, Vice-President; Dr. J. E. MORGAN, Treasurer; Dr. W. J. C. DUHAMEL, Secretary; Drs. HARVEY LINDSLEY, G. M. DOVE, J. BORROWS, N. YOUNG, and S. C. SMOOT, Counsellors.
W. J. C. D., Sec.

BIBLIOGRAPHICAL NOTICES.

ART. IV.—*A Practical Treatise on Diseases Peculiar to Women. Illustrated by cases derived from Hospital and Private Practice.* By SAMUEL ASHWELL, M. D., &c. &c. Third American, from the third and revised London edition; pp. 528. Philadelphia: Blanchard & Lea, 1855.

OUR readers will, in common with ourselves, welcome a new edition of this eminently practical and useful work. The demand for a third edition is an evidence of professional appreciation of the merits of a book, which is so well known to most if not all our readers, that a notice of it, beyond a mere announcement, seems almost a work of supererogation.

The diseases peculiar to women are treated of in a very simple and practical manner under two heads: 1, The functional, and 2, the organic sexual diseases. Each section of the work is illustrated by appropriate cases, and some of our indolent readers, mere routinists (if we have any such), will be glad to learn that each is also accompanied by a set of formulæ, supposed to be applicable to the special disorder under consideration. To the scientific physician, these formulæ may be serviceable hints, way-marks, or keys to the author's text; to the routinist they will be rules, which, if he attempt to follow them strictly, may bring him into difficulty.

The getting up of the work is creditable to the enterprise of the publishers, though we would suggest that a book which will be so constantly referred to as *Ashwell*, should be bound in sheep rather than in muslin. We take pleasure in recommending the work to our readers.

ART. V.—*Pulmonary Consumption, Bronchitis, Asthma, Chronic Cough, and various Diseases of the Lungs, Air-Passages, Throat and Larynx successfully treated by Medicated Inhalations.* By ALFRED BEAUMONT MADDOCK, M. D. Illustrated with cases. Fifth edition. London: 1854.

WHAT the quadrature of the circle is to the mathematician, consumption has been to the therapist. This disease has here-

tofore baffled the skill of the most intelligent practitioner of the healing art; and though the clouds which have for so long a time enveloped it seem now to be breaking away, so firmly has the impression taken hold of the popular and even of the professional mind, that the disease is necessarily a fatal one, that he is almost regarded as a vagarist, who presumes to attempt its radical cure. Yet we have not the least doubt but the time is not very far distant when consumption will be considered as amenable to treatment, as are our intermittent fevers, or any other disease which yields to the power of the healing art.

We are the advocates of no exclusive system of medication in this, or in any other disease; but believe, fully, that the true principles of treatment include an intelligent and judicious application of the various plans proposed, such as an unbiassed, intelligent and educated physician alone can employ.

One of the most audacious humbugs of the day—as may be seen by advertisements in our daily papers—is the exclusive employment of inhalations of medicated vapors, or substances in the form of impalpable powder for the cure of tubercular affections. That these inhalations, in the hands of the scientific physician, may be serviceable as adjuncts in the treatment of the disease, we have no doubt; nay, we go further, and say that we fear that the profession has not given sufficient attention to this mode of alleviating the sufferings of those laboring under this class of diseases.

We know nothing of the author of the work before us. We have read his book we believe with considerable profit, though it is evident that he is an enthusiast in his particular line of treatment. He does not, however, ignore the rational principles which pathology teaches us should be the basis of our curative efforts, though we think that he hardly gives them sufficient prominence. Dr. Maddock is evidently a man of considerable intelligence, and whatever there is of good in inhalations of medicated vapors, he seems to have ability and enthusiasm enough to extract.

We are glad to learn that an American edition of the work is in course of preparation. It is a reprint of the London edition, brought out under the supervision of Dr. Charles Green, as editor. It will be worthy the attention of our readers, for they may learn from it what can be expected from this mode of treating consumption and other affections of the air-passages. On the issue of the reprint, we may have occasion to speak of the work again.

ART. VI.—*History of the American Medical Association, from its Organization, up to January, 1855.* By N. S. DAVIS, M. D., &c. &c. To which is appended Biographical Notices, with portraits, of the Presidents of the Association, and of the Author. Edited by S. W. Butler, M. D. Pp. 191. Philadelphia: Lipincott, Grambo & Co., 1855. Nine Portraits. Price \$1 50.

IN the above work our readers will recognize a series of papers that are now in course of publication in this journal. Thinking this history of sufficient value to put into a connected form, the editor has assumed the responsibility of publishing an edition, accompanied by steel-engraved portraits and biographies of the presidents of the association and of the author. It is earnestly hoped that this history of one of the most important social organizations in the land, will have the effect of awakening and keeping alive an interest in the prosperity of an association which has done so much already, and which is likely to do much more to elevate the profession which it represents.

ART. VII.—*Surgical Reports and Miscellaneous Papers on Medical Subjects.* By GEO. HAYWARD, M. D. Boston: Phillips, Sampson & Co. Pp. 452. New York: J. C. Derby, 1855.

THIS book is, as its name imports, a collection of miscellaneous papers, most of which have before been printed, written at different times, ranging over a period of twenty or more years. These papers are gathered into a neat octavo volume, and as they proceed from the pen of one of the first surgeons of our country, and treat upon subjects, as most of them do, of more than ordinary interest to medical men, we anticipate for them a wide circulation, and a hearty welcome from the profession. We would be glad to extend our notice of some of these papers, as we deem them well worthy of note, but we have not space to say much, and cannot trust ourselves to say little.

ART. VIII.—*An Outline of Medical Chemistry for the use of Students.* By B. HOWARD RAND, A. M., M. D. Pp. 259. Philadelphia: Lindsay & Blakiston, 1855.

THE object of this little volume is to teach in as concise a manner as possible; the *essential* principles of chemical science, and

to follow them out chiefly in their bearings upon Medical Chemistry. It aims to point out what is essential to the physician, while it would restrain him from wandering into those intricate and interminable investigations which alone can be approached by the thorough chemist. We commend the object and the volume.

WORKS IN PRESS.

THERE seems to be a growing activity in the matter of publishing books, in anticipation, we presume, of a large demand consequent on an increasing confidence in monetary affairs. The following are announced:—

By Blanchard & Lea: Rokitansky's *Pathological Anatomy*, and Lehman's *Physiological Chemistry*, each in two handsome octavo volumes, at a low price. Dr. La Roche on *Yellow Fever*; a new edition of Prof. Gross's important work on *Diseases of the Urinary Organs*; Prof. S. H. Dickson, of Charleston, on the *Elements of Medicine*; Dr. Tyler Smith on *Leucorrhœa*; Hoblyn's *Dictionary of the Terms used in Medicine and the Collateral Sciences*, a new and enlarged edition; Ludlow's *Manual of Examinations*, a new edition; Gross's *System of Surgery*; Sibson's *Medical Anatomy* to match Maclise's *Surgical Anatomy*; *The Microscope and its Revelations*, by Carpenter; *General Physiology*, by the same author; *Principles of Therapeutics*, by Stillé; *Surgical Diseases of Females*, by Browne; *Manual of the Practice of Medicine*, by Barlow; Toynbee's *Aural Surgery*; Graham's *Elements of Chemistry*, part 2; Todd & Bowman's *Physiological Anatomy and Physiology of Man*, concluding part; Curling on *Diseases of the Testis*, new edition; Longet's *Treatise on Physiology*; Peaslee's *Human Histology*.

By Lindsay & Blakiston: Jones's *Pathological and Clinical Observations on the Morbid Conditions of the Stomach*; Dixon's *Guide to the Practical Study of Diseases of the Eye*; Lee's *Pathological and Surgical Observations*; Garrod on the *Essentials of Materia Medica*, &c.; Canton's *Pathological and Surgical Observations*; Johnson on *Epidemic Diarrhœa and Cholera*.

By S. S. & W. Wood: *Diseases of the Rectum*, by Richard Quain, F.R.S., &c. *A series of Anatomical Plates*, by Jones Quain, M.D., &c. *The Anatomical Remembrancer*.

 *Byrne on Cholera*, will be noticed in our next.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.

TO THE exclusion of much other matter of interest, we devote a large part of our space this month, to a full and reliable report of the proceedings of the American Medical Association at its eighth annual meeting in Philadelphia, on the 1-4 of May.

The occasion was one of very great interest to the large body of delegates who assembled from nearly every section of our wide extended land. It will be seen by reference to the minutes, that there were upwards of 500 delegates in attendance. This is one of the largest meetings of the Association that have ever been held, and we believe that it was regarded by those present as one of the best.

Ample provision was made by the profession of Philadelphia for the comfort and enjoyment of the delegates, though an error was committed in holding the sessions of the Association in a room that was so large that many of the members could not hear the voices of the speakers distinctly. There was nothing in the proceedings, that we witnessed, to mar the harmony and good feeling that should always characterize these meetings.

In our last we commented on the action of the Ohio State Medical Society respecting patents for surgical and dental instruments. The action of the Association on this matter was prompt and decisive, cutting off that society from representation in the Association, until the obnoxious resolution was expunged. The conduct of the delegates from the Ohio Medical Society, who were forward in support of this action, elicited commendation from every one. A pleasant feature of the meeting was the exhibition in the committee room, of the block contributed by the Association to the Washington Monument. It is an admirable piece of sculpture, and the association with a commendable spirit of appreciation of artistic worth, appropriated \$1,000 as a remuneration to the artist.

The arrangement for evening sociable parties was an excellent substitute for the former expensive public dinners, and we believe

gave satisfaction to all; and the afternoon excursions to the different public and private institutions and other places of interest in and around Philadelphia, were an agreeable addition to the sources of entertainment, giving the delegates excellent opportunities of forming the acquaintance of each other. The reception of the Association by the Mayor in Independence Hall, will be long remembered by all who were present on that interesting occasion.

We believe that representatives were present from all the States except Florida, Louisiana, Texas, Arkansas and California. The next meeting will be held in Detroit. A special invitation was extended to the profession in Canada to participate in the exercises of that meeting.

PROFESSOR OF SURGERY IN THE UNIVERSITY OF PA.

At a meeting of the Trustees of the University, held on Tuesday evening, May 1st, Dr. Henry H. Smith, of Philadelphia, was elected Prof. of Surgery, to fill the vacancy caused by the resignation of Prof. Gibson. The vote, we understand, stood eleven for Dr. Smith, nine for Dr. Brainard, of Illinois, and one blank.

Dr. Smith possesses qualifications which fit him in an eminent degree for the responsible post that he is called to fill, and we hope that his election will be conducive to the best interests of the University. It is not to be concealed, however, that both the faculty, and the profession generally, were not a little disappointed at the result of the election, as, so far as we could learn, professional sentiment had accorded the chair to Dr. Brainard. If we are rightly informed, the latter gentleman was the almost unanimous choice of the faculty, and was by them recommended to the Trustees. Personal considerations, however, and other influences, prevailed with the Trustees, rather than the wishes of the faculty.

We mention these facts in order that we may enter our protest against the growing propensity that Boards of Trustees have evinced, of late, to trample on the rights of faculties, and not out of opposition to the successful candidate. Personal considerations should have *nothing to do* with such elections, but the candidate whose professional and moral fitness commend him, should be the uniform choice of the Trustees, who should, in the absence of the

only just system of election, viz: public concours—ever have a regard to the wishes of faculties.

Dr. Smith has gone to Europe, preparatory, we suppose, to assuming the duties of his chair, which, we doubt not he will discharge with honor to himself, and to the distinguished school with which he is connected. We can bear testimony to his ability as an instructor, and believe he will give full satisfaction as a lecturer.

Gum Mezquite.—In our April number, we copied an article on this native gum, which is proposed as a substitute for Gum Arabic. We have recently received a specimen of the gum from Dr. G. E. Bomford, of Fort Smith, Ark. It has very much the appearance of the Gum Senegal of the shops, and with a little care in selecting the best portions, there is no doubt but it would make a very fair substitute for the foreign gums. It is represented to exist in inexhaustible quantities on the vast plains that lie eastward of the Rocky Mountain range, and will probably be a valuable source of revenue to the embryotic states and territories of those regions. We remember some years ago to have heard a Cherokee hunter speak of the great abundance and variety of a species of "wild plum" which grew on those plains, and think it probable that this gum is the product of the tree he attempted to describe to us.

 We intended to have resumed the articles on the History of the American Medical Association in this number, but the minutes of the eighth annual meeting occupy so large an amount of space, that we are compelled to postpone the next article, with the portrait of Dr. Wellford, to the July number.

 We have received many flattering testimonials of late, in addition to those formerly received, of appreciation of our labors. The prosperity and consequent usefulness of the REPORTER depend quite as much on our friends as on ourselves.

To Correspondents.—We have articles on hand from "Member of Am. Med. Association," D. W. Maull, M. D., A. Hunton, M. D., J. B. Phillips, M. D., Heman Allen, M. D., R. Douglass, M. D., and C. H. Cleaveland, M. D., which will appear in due time. Dr. J. Henry Clark's article on Puerperal Fever was put in type for this number, but we were compelled to leave it out.

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THE
NEW JERSEY MEDICAL REPORTER.

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JULY, 1855.

No. 7.

ART. I.—*History of the American Medical Association.*
By ONE OF ITS MEMBERS.

IN accordance with the action of the Association at Charleston, S. C., the delegates to the fifth annual meeting of the American Medical Association convened in Richmond, Virginia, on the 4th day of May, 1852:¹ the President, Dr. James Moultrie, of S. C., called the Assembly to order at 11 o'clock A. M.

The members in attendance were cordially welcomed to the hospitalities of the city and State, by Dr. James Beale, President of the Medical Society of Virginia; and, after the usual preliminary proceedings, such as reading the list of delegates, whose names had been registered, the selection of one from each State to constitute a nominating committee, &c., the President delivered his annual address, and the following gentlemen were duly elected officers for the ensuing year, viz:—

President.

DR. BEVERLY R. WELLFORD, of Virginia.

Vice-Presidents.

DRS. JONATHAN KNIGHT, of Conn.; THOMAS Y. SIMONS, of S. C.,
JAMES W. THOMPSON, of Delaware; C. A. POPE, of Missouri.

Secretaries.

DRS. P. CLAIBORNE GOOCH, of Va.; EDWARD L. BEADLE, of N. Y.

Treasurer.

DR. D. FRANCIS CONDIE, of Pennsylvania.

¹ In the volume of *Transactions* for the year 1852, the date of the meeting is erroneously stated to be the 26th of May.

Delegates were in attendance from the medical societies and institutions of twenty-four States; the whole number differing but little from the preceding meetings at Charleston and Cincinnati.

Two delegates, Drs. A. J. Semmes, and W. H. Berry, duly accredited as representatives from the American Medical Society in Paris, were admitted to membership by a vote of the Association. Early in the history of the Association, it was found that the reading of lengthy reports from all the standing committees engrossed so much time as to be wearisome to many of the members. Hence it soon came to be the practice, that a large portion of the reports and papers presented at the annual meetings were referred to the Committee on Publication, without being read, or their contents known. At the commencement of the present annual meeting, the late Dr. Daniel Drake, of Cincinnati, made a strong effort to arrest this mode of proceeding. For this purpose, he presented the following resolutions, viz:—

"Resolved, That every report on a medical or other scientific subject shall be referred to a select committee, to be read, analyzed, and reported on to the Association; said select committee indicating its general character and worthiness of publication, provided the authors of every report shall have the right of appealing to the Association.

"Resolved, That no report shall be read before the Association until it has been examined and reported on by the Committee to which it may be referred, nor then, excepting under an order of the Association.

"Resolved, That no report shall be published in the *Transactions of the Association* but in virtue of its order.

"Resolved, That all professional and other scientific communications made to the Association, shall be referred and treated like reports of committees.

"Resolved, That the President, Vice-Presidents, and Secretaries of the Association shall be charged with the appointment of the aforesaid committees, being themselves eligible to such appointment.

"Resolved, That the authors of all reports and papers aforesaid, shall have the privilege of reading and explaining the same before the Committee."

These resolutions elicited considerable discussion, when, on

motion of Dr. A. Lopez, of Alabama, their further consideration was indefinitely postponed. Though the plan here proposed by Dr. Drake may not be the best that could be devised, yet we fully agree with him that the present mode of receiving and referring papers and reports to the Committee on Publication, without any definite knowledge of their contents, is very unsatisfactory to all parties. This became so generally apparent, that, at a subsequent period of this annual meeting, the following resolution, offered by Dr. H. Green, of N. Y., was adopted without opposition, viz:—

“*Resolved*, That at the future meetings of this Association, all reports of committees, and all contributions on scientific subjects occupying more than ten pages of quarto-post manuscript, be accompanied each by an abstract or synopsis embracing the principal points of such report or paper, which abstract or synopsis shall be read before the Association.”

On the afternoon of the first day of the session, Dr. Isaac Hays read the reports of the Treasurer and the Committee on Publication, which were accepted, and the resolutions appended thereto adopted. The report of the Committee on Prize Essays was also presented and read by Dr. Geo. Hayward, of Boston. The report states that sixteen communications had been received by the Committee, but that the award of one premium only had been recommended.

The essay which was deemed worthy of this distinction was entitled, *On the Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis*, and the author was Dr. Austin Flint, of Buffalo, N. Y.

Dr. A. Clapp, of Indiana, Chairman of the Committee on Indigenous Medical Botany, presented a lengthy report on the Medical Botany of the United States, which was accepted, without reading, and referred to the Committee on Publication.

This, with the essay of Dr. Flint, may be found in the published volume of *Transactions* for 1852.

On the morning of the second day, the Secretary stated that copies of the resolutions adopted at a previous annual meeting, relative to an assimilated rank of the Medical Staff of the Army and Navy, had been forwarded to the proper departments, and its reception acknowledged by Dr. Harris, the chief of the Bureau

of Medicine and Surgery. Dr. Ninian Pinckney, of the U. S. Navy, read a memorial, which he had prepared to present to Congress, on the same subject. The memorial was approved by the Association, and the Secretary directed to communicate the fact to the Secretary of the Navy and the presiding officers of both Houses of Congress. Dr. Simons, of S. C., called the attention of the Association to the very important subject of emigration and the sickness on board of emigrant ships, resulting from crowding and uncleanness, and also to the fatal results which sometimes follow the introduction of the passengers of such ships into our cities and towns. He concluded by offering the following resolutions, which were adopted by the Association, viz:—

“*Resolved*, That the American Medical Association do memorialize Congress to require all vessels carrying steerage passengers on the sea to have a surgeon on board.

“*Resolved*, That a committee of this Association be appointed to draw up a memorial to Congress, making such suggestions as it may deem fit, as regards the importance of this measure.”

A communication was received from the New York Academy of Medicine, very decidedly condemning the practice of holding what are called *Clinics* in the Medical Colleges. The communication was referred to the Committee on Publication, with directions to have it printed in the *Transactions*. An interesting paper on *The Action of Water on Lead Pipes, and the Diseases resulting from it*, by Dr. Horatio Adams, of Mass., was presented by Dr. Hayward, of Boston, and referred to the Committee on Publication.

A report on the *Blending and Conversion of the Types of Fever*, by S. H. Dickson, M. D., of S. C., was read to the Association and referred to the Committee on Publication. A report on *The Permanent Cure of Reducible Hernia*, by Dr. Hayward, of Mass., was also read and referred to the same Committee. Dr. C. A. Pope, of Mo., read a report from the Committee on *The Uses of Water in Surgery*, which was referred to the Committee on Publication.

The following reports were then presented, and, with the exception of the first, read only by their *titles*, and referred to the Publishing Committee, viz:—

Report on the Epidemics of New England. By Dr. W. Hooker, of Conn.

On the Toxicological and Medicinal Properties of our Cryptogamic Plants. By F. P. Porcher, M. D., of S. C.

On the Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland. By Dr. J. L. Atlee, of Pa.

On the Epidemics of South Carolina, Georgia, Florida, and Alabama. By Dr. W. M. Boling, of Ala.; to which was appended a paper by Dr. D. J. Cain, of S. C.

On the Epidemics of Mississippi, Louisiana, Texas, and Arkansas. By Dr. Ed. H. Barton, of La.

On the Epidemics of Ohio, Indiana, and Michigan. By Dr. Geo. Mendenhall, of Ohio.

On the Epidemics of Tennessee and Kentucky. By Dr. W. L. Sutton, of Ky.

All these reports and papers, except that "On the Toxicological and Medicinal Properties of our Cryptogamic Plants," may be found in the volume of *Transactions* for the year 1852, extending its size to 939 pages, and embodying a great amount of most valuable facts and observations, which should be in the possession of every practitioner in our country. The report on cryptogamic plants was withdrawn by the author for the purpose of pursuing further investigations on the subject.

It will be recollected that the several "standing committees," originally provided for by the Constitution of the Association, were abolished at the annual meeting in May, 1851, except those on Publication and Arrangements. At the present meeting, this action was so far reversed as to provide again Committees on Medical Literature and on Medical Education. The Committee appointed on the first subject consisted of Dr. René La Roche, of Pa., chairman; and of Drs. W. De Saussure, of S. C.; N. S. Davis, of Ill.; Jacob Bigelow, of Mass.; and Ed. H. Barton, of La. That on Medical Education consisted of Dr. Zina Pitcher, of Mich., chairman; and of Drs. Austin Flint, of N. Y.; J. R. W. Dunbar, of Md.; James McKeen, of Maine; and D. W. Yandell, of Ky. At the meeting of the Association in Charleston, when the standing committees were abolished, the whole Union was divided into districts, and a Committee on Epidemics appointed in each, with instructions to report at the present meeting. Only a small number of them reported, however; and some even of those were only partial communications. To give time for more

complete investigations on this important subject, the following resolutions were proposed and adopted, viz:—

“*Resolved*, That the Committees on Epidemics be constituted, in relation to the division into *districts*, as they were last year, and that they be continued in service during a period of five years.

“*Resolved*, That the chairman appointed for each district shall have power to select associates, not exceeding four in number, to assist him in his labors.

“*Resolved*, That the several State Medical Societies be requested to use their influence to procure the appointment of sanitary commissions by the legislatures.”

Dr. Daniel Drake, of Ohio, prepared and presented to the Association a paper “On the Influence of Climatic Changes on Consumption,” which was referred to a special committee for examination, without being read before the Association.

This Committee failed to meet; and although he was requested, by a vote of the Association, to furnish a copy of the paper for publication in the *Transactions*, yet so strong was his opposition to the mode of receiving papers and essays, and referring them for publication without reading or examination, that he refused to comply with the request.

Dr. J. L. Atlee, of Pennsylvania, offered the following preamble and resolution, which were unanimously adopted:—

“WHEREAS, it is the duty of patriotism to do homage to those who have been benefactors to their country; and whereas, the medical profession in the United States, heretofore not wanting in patriotic feeling or action, desire to co-operate with the other public bodies and institutions of the country in rendering their profound reverence to the memory of him who was ‘first in peace, first in war, and first in the hearts of his countrymen:’—

“*Be it therefore resolved*, That a committee of five be appointed, whose duty it shall be to solicit subscriptions from members of the American Medical Association, for the purpose of procuring a suitable stone, with an appropriate inscription, for insertion, in the name of this Association, into the national monument to the memory of WASHINGTON, now in progress of erection at Washington City.”

The Committee appointed under this resolution consisted of

Dra. J. L. Atlee, W. P. Johnston, R. W. Haxall, Alfred Stillé, and Gouverneur Emerson. The Committee so faithfully performed the duties assigned them, that a beautiful block of marble was obtained, and with a suitable inscription there was placed on it a device, representing Hippocrates, the father of medicine, refusing the rich bribes offered by the Persian king, Artaxerxes, to induce him to bestow his services on the enemies of his country.

The Committee on Nominations reported the names of chairmen for *twenty-seven* committees on special subjects, which were to report at the next annual meeting. The report was accepted and adopted by the Association.

The subject which seemed to engross a large amount of attention at this meeting, and elicited more discussion than any other, was that of amending the *Constitution*. The question was first raised at the annual meeting in 1851, whether colleges of dentistry and pharmacy were entitled to a representation in the Association? and it was referred to a special committee, of which Dr. Isaac Hays was chairman, with directions to report at the next annual meeting. The Committee reported in favor of the following resolution, which was adopted:—

“*Resolved*, That colleges exclusively of dentistry and pharmacy are *not* recognized by this Association as among the bodies authorized to send delegates to its meetings.”

To the same special committee had been referred a communication from the Philadelphia County Medical Society, asking for certain amendments to the Constitution of the Association; and also a resolution, offered by Dr. Atlee, asking for the adoption of a more equable plan of representation than the one at present existing. On these topics, Dr. Hays, chairman of the Committee, reported in favor of so altering that section of the Constitution relating to members, as to restrict each State society, in States where county and district societies also exist, to *four* delegates for the whole society, instead of one for every *ten* of its members; and each medical college to *one* delegate instead of two. But the ratio of representation from the county and district societies, and such State societies as exist in States containing no county or district organizations, was to remain unaltered.

Dr. Yardley, a member of the same Committee, also made a

report, recommending essentially the same changes in the ratio of representation, and in addition proposing to make "all the members of the medical profession who are attached to properly organized county or district and State medical societies, throughout the United States," also members of the American Medical Association. On motion of Dr. F. Campbell Stewart, of N. Y., both these reports were referred to a committee of three, appointed by the President, with instructions to report, in definite and proper form, such amendments to the Constitution as will embrace the views set forth in said reports, and such other views as may appear to the Committee advisable.

On the third day of the session, Dr. Stewart, in behalf of this Committee, reported in favor of striking out so much of the present Constitution as is contained under Articles I. and II., and inserting in their stead the following, viz:—

ARTICLE I.—*Title of the Association.*

This institution shall be known and distinguished by the name and title of "the American Medical Association." *It shall be composed of all the members of the medical profession of the United States*, of good standing, who acknowledge fealty, and adhere to the code of ethics adopted by the Association; and its business shall be conducted by their delegates or representatives, who shall be appointed annually in the manner prescribed by this Constitution.

ARTICLE II.—*Of Delegates.*

§ 1. The delegates to the meetings of the Association shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States, and shall hold their appointment from county, State, and regularly chartered medical societies; from chartered medical colleges, hospitals, and permanent voluntary medical associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States Army and Navy.

§ 2. Each delegate shall hold his appointment for one year, and until another is appointed to succeed him, and he shall be

entitled to participate in all the business affairs of the Association.

§ 8. The county, district, chartered and voluntary medical societies, shall have the privilege of sending to the Association *one* delegate for every ten of its resident members, and one more for every additional fraction of more than one-half of this number.

§ 4. Every State society shall have the privilege of sending four delegates; and in those States in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of its regular members, and one more for every additional fraction of more than one-half of this number.

§ 5. No medical society shall have the privilege of representation, which does not require of its members an observance of the code of ethics of this Association.

§ 6. The faculty of every chartered medical college, acknowledging its fealty to the code of ethics of this Association, shall have the privilege of sending one delegate to represent it in the Association: *Provided*, That the said faculty shall comprise six professors, and give one course of instruction annually, of not less than sixteen weeks, on Anatomy, Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery, and Chemistry: *And provided, also*, That the said faculty requires of its candidates for graduation, 1st, that they shall be twenty-one years of age; 2d, that they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d, that they shall have attended two full courses of lectures (not, however, to be embraced in the same year), and one of which must have been in the institution granting the diploma, and, also, where students are required to continue their attendance on the lectures to the close of the session; and 4th, that they shall show by examination that they are qualified to practice medicine.

§ 7. The medical faculty of the University of Virginia shall be entitled to representation in the Association, notwithstanding that it has *not six professors*, and that it *does not require three years* of study for its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force.

§ 8. All hospitals, the medical officers of which are in good standing with the profession, and which have accommodations for one hundred patients, shall be entitled to send one delegate to the Association.

§ 9. Delegates representing the medical staffs of the United States Army and Navy, shall be appointed by the Army and Navy Medical Bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers.

§ 10. No delegate shall be registered on the books of the Association, as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the annual meeting, and before voting on any question after the meeting has been organized, shall sign the Constitution, and inscribe his name and address in full, with the title of the institution which he represents.

These propositions were discussed at considerable length by many members of the Association. The discussion took a wide range, including the whole subject of medical education, and was participated in by Drs. Mitchell and Huston, of the Jefferson Medical College, Dr. Horner, of the University of Pennsylvania, Drs. Davis and Rogers, of the University of Virginia, Dr. Frost, of the Medical College of S. C., Dr. Lopez, of Alabama, Drs. Stewart and Watson, of N. Y., Dr. W. Hooker, of Conn., and others.

The whole subject was finally disposed of by a vote accepting the several propositions, ordering them published in the *Transactions*, and recommending them to the Association, at its next session, as amendments to the Constitution.

Dr. J. B. Flint, of Ky., gave notice of a proposition to amend the *fifth* article of the Constitution, "so as to provide that, instead of the annual volume of *Transactions*, the Association may establish and maintain a quarterly journal, to be a medium for the publication of its proceedings, and of the most valuable contributions of its members; an organ of resolute and impartial criticism, and an official exponent and advocate of the views of the Association on medical science, education, and ethics."

In accordance with a constitutional rule, the proposition was laid on the table until the next annual meeting.

On motion of Dr. J. L. Atlee, of Pa., the following resolution was adopted, viz:—

“*Resolved*, That this Association still recommends to the medical colleges the propriety of lengthening their terms of instruction.”

After adopting the proposition of the Nominating Committee, to hold the next annual meeting of the Association in the city of New York, and the usual complimentary resolutions to the officers, the Committee of Arrangements, &c. &c., the Association adjourned *sine die*, on the afternoon of the fourth day of the session.

This meeting of the Association, like those which had preceded it, afforded occasions for much social enjoyment. The members of the profession in Richmond, and the State generally, fully sustained the reputation of “old Virginia” for a most generous and noble hospitality. In addition to the numerous and elegant private entertainments, one evening was occupied with a sumptuous public dinner, and every effort was made by the local profession to render the meeting an exceedingly pleasant, as well as profitable one, to all who took part in it.

ART. II.—*An Essay on Animal and Vegetable Life*.

By JOHN B. PHILLIPS, M. D.

(CONTINUED FROM PAGE 314.)

THE germ, endowed with vital force, being aroused to activity by a certain amount of heat, becomes the theatre of certain actions called *life actions*. It increases its mass by assimilation from the plastic material which surrounds it. In a short time we find it surrounding itself with a membrane, forming a *vesicle* or *cell*—the first product of organic life.

All the various structures of the organic world are built up by means of cells and cell-action, and all the cells of any one organism may be considered as the descendants of the primordial cell.

The manner in which an organism is produced from this original cell, presents a very interesting and extensive field of inquiry, and one which I can but slightly glance at. In the first

place, new cells are either developed *within* pre-existing cells, or they arise directly out of an organizable blastema, being vitalized, as it were, by the action of germ force.

The first mode is called that of *duplicate subdivision*. The first cell divides into two; these two again form four, and so on to eight, sixteen, thirty-two, sixty-four; and thus a mass of cells are formed with great rapidity.

This mode of development is common in plants, in the early embryo, cartilage, &c. There seems to be an inherent tendency in these cells to divide after a certain period, of course absorbing nutriment, during the process, from the surrounding material. Sometimes it is not the cell itself, but the nucleus within it, which first evinces this tendency. When the nucleus has divided, and the nutrient material is absorbed, the old cell bursts, and the new cells are liberated. Sometimes, numerous new cells are developed within a single parent cell; thus a more rapid evolution is effected. This occurs more especially in the secreting glands, cancerous and malignant growths.

In other instances, again, cells have their origin directly from a formative fluid derived from the blood, without the intervention of previously existing cells. The new cells, in this case, seem to originate, *de novo*, in a nucleus formed by the aggregation of minute molecules, or granules, which float in the fluid blastema. It has been suggested that lymph corpuscles are formed in this manner. This process of the multiplication of cells is called cytogenesis.

But we have as yet only a chaos of cells produced. It will now be found that these cells that have already shown themselves capable of reproduction, and of preparing a crude plasma into an immediate or proximate plasma for their own nourishment, have now the additional capacity of assuming a definite shape. Thus, of cells which were all originally of a spheroidal shape, some become elongated, some tubular, and others flattened; depending upon the offices which they are designed to fill, and the structure which they may go to form. These changes in form are not owing to any external constraint or pressure from without, but to a dominant force within. They seem also to have a species of volition, or elective force, in their mutual arrangement among themselves. For example, in the vegetable, a portion arrange

themselves in rows, their exterior walls adhere together, while their interior walls are increased and strengthened by *internal deposits*; and thus the solid mass of woody fibre is formed.

Others, again, when it is required to form a continuous tube or vessel for circulation for the sap, undergo a different transformation. The layers of cells, in this case, do not coalesce and form a solid structure by a deposition of matter within them; but, in the first place, they assume an *oblong* or *elongated* shape. The ends of the cells do not adhere together, as in the former case.

On the contrary, the partition walls between them are broken down, the cells become cylindrical tubes, and these tubes unite and form one continuous tube or vessel.

Thus we see that every structure, both of the animal and vegetable world, has its origin in a simple cell. Indeed, in some of the lower order of plants, a single cell constitutes the whole entire structure; as we see in the case of the green crusts that cover the bark of trees and damp walls. But, in most instances, the original cell generates *new cells*; these again generate others, and so on until myriads of cells are produced, which, by their peculiar properties and endowments, by their increase in *size* and change in substance, by their alteration in *figure*, and the manner in which they arrange and unite themselves together, form a perfect, harmonious, and regularly organized structure.

As I said before, many vegetable organisms are simply an agglomeration of cells, each of which has a certain degree of independent vitality, and capable of existing *alone*, if duly supplied with nourishment. These cells absorb nutriment from those around them, and those in contact with them. Such plants are called cellular, to distinguish them from others which have a distinct system of vessels for the purpose of conveying the sap from the roots to the leaves, and, after there undergoing aeration, it is again carried down the outside, and contributes to the nourishment of the plant or tree.

In the simpler forms of plants and animals, the cellular system suffices for all purposes of circulation and nourishment. We generally find in these cases that the organism is of a permanent character; such as bones in animals and woody fibre in trees. Thus, a tree may live for hundreds of years without any material change at the heart. As there is no disintegration of its sub-

stance, of course no nourishment is required, and hence a *vascular* system would be useless. If the heart of a tree could be taken out without injuring its bark, it is questionable whether its health or growth would be in the least degree affected. All, except endogenous plants, grow on the outside; and, accordingly, here the circulation is active, and here is found the vascular system.

In plants there is little or no disintegration of substance or breaking up of tissue. What is once assimilated *remains!* Its function is to *grow*; and when it ceases to grow it ceases to live. The *oak* that has stood for more than a century still puts forth new buds from every *twig* in spring, and every year another ring is added to its trunk. This is far from being the case with man and the higher animals. In these, after a certain period, all growth ceases; and, so far from the human body remaining *fixed*, it is well known that all parts are in a constant state of *growth* and *decay*.

Man's body may be termed a vortex of matter. The *pillar of insects*, in the evening sunbeam, may not inaptly represent what is continually going on within and around him. In one sense, the whole phenomena of life is nothing but a *birth* and a *death*. I know not where to find a more beautiful expression of this truth than in the poetical prose of that rare old English writer, Jeremy Taylor:—

"Every day's necessity calls for a reparation of that portion which Death *fed upon all night*, when we lay in his lap and slept in his outer chambers. The very spirits of a man prey upon the daily portion of bread and flesh, and every meal is a rescue from *one* death, and lays up for *another*; and while we think a thought we die, and the clock strikes and records our portion of eternity. We form our words with the breath of our nostrils, and we have the less to live upon for every word we speak."

To supply this waste and disintegration of the system, some adequate means must be provided. For this purpose, simple cellular action is utterly incompetent. Accordingly, we find a great vascular system, consisting of veins and arteries, ramified throughout all parts of the body, distributed to an almost infinite degree of minuteness. The smallest capillary vessels are not more than $\frac{1}{100}$ of an inch in diameter. But, minute as this ramification is, still, in some parts of the system where the circ-

lation is less active, there are still islands between these irrigating streams of fresh arterial blood which the vascular circulation cannot supply. The nourishment of these parts is sustained by means of cellular action, precisely as in the case of the lowest order of plants. Here we find a striking illustration of what cannot fail to arrest the attention of every one who would study the workings of nature to any purpose. I allude to that peculiar overlapping or dovetailing together of the one grand system.

The geologist will tell you that the structure of the earth is an accumulation of different strata, rising one above the other in regular gradation, each of which was elaborated and thrown up at distinct and distant epochs of time. The astronomer teaches that the same law that causes the apple to fall extends to the utmost bounds of the universe, and connects innumerable systems of worlds.

The means which nature provides for the growth of the lower order of plants and animals, is that of simple cellular action—that peculiar power conferred by the original germ, by means of which it elaborates from the plastic material that which goes to support its life and growth. In the nutritive process, this corresponds to the first formation in geology. But this is found not to answer all the ends of a higher organization in *plants*, even much less in animals. Accordingly, they are provided with a vascular system, calculated to convey the nutritive material to the different parts with greater rapidity. Here we have our secondary formation growing out of the other.

But mark, the first is not discarded. The assimilation of nutriment by means of cells is in no case dispensed with. It is the foundation of the whole process, and must, of course, prevail universally. It is the first formed, and, by a universal law, the first formed is always the most important. Where nature takes on a mode of action to effect a given purpose in the lower orders of creation, we may be perfectly assured that we will meet with the same phenomena in the very highest, when a similar object is to be accomplished. She does not drop her threads; the warp is the same, whatever be woven in the woof. The law that governs the nutrition of a man's body is precisely the same as that of the fungi that grows up and perishes in a single night. She does not alter her plans; hence she is always consistent.

She understands what she wishes to do, and all that she would do, from the very commencement; therefore, she is not partially, but precisely right at the start, and goes on to complete the work from beginning to end, without change or shadow of turning. The laws that lie at the foundation of matter are coextensive and coeternal with the existence of matter; hence, there is no remission of their activity. Though they may seem to be suspended for a time, they only yield in obedience to higher laws.

Man lives, moves, and breathes, and resists, for a time, successfully the physical elements that continually conspire for his destruction. The summer's heat and winter's cold he renders innoxious, and, to a certain extent, he protects himself against the ravages of disease. But, in the end, dust returns to dust. While he lives, he is subject to all the physical laws that prevail around him, while, at the same time, he moves in obedience to the law of vitality within him. So long as he lives this law prevails; it is paramount to all others, and commands them all; but it can be of no effect without the rest. In all living beings, the law of vitality is the controlling, but not the only law; the physical laws remain, while those of vitality are added.

(TO BE CONTINUED.)

ART. III.—*A Case of Puerperal Fever.*

By J. HENRY CLARK, M. D.

FACTS of practical importance can never fail to interest medical readers. It is a conservatism eminently important for the safety of the patient, and for the reputation of the practitioner, which induces him to adhere to a mode of treatment which he has hitherto employed, and in which he has confidence, until perfectly satisfied that there is a better. While shifting opinions are dangerous and improper, the medical man should always be open to conviction, and be ready to yield up or adopt any doctrine when sufficient evidence is afforded him of a safer course, or of the fallacy of his previous convictions.

In view of the fatality which attends "puerperal peritonitis," I

decided some time ago when the next case should fall into my hands, that I would employ the treatment suggested by Prof. A. Clark, of New York, who reports such gratifying results. Having fulfilled my determination, and reached a successful result, it has occurred to me that a minute detail of the case would be interesting to the readers of the *NEW JERSEY MEDICAL REPORTER*. I therefore kept a record during the progress of the case.

I was summoned on the morning of March 19th, 1855, to the accouchement of Mrs. Mary K., aged 29, a woman of strong constitution and vigorous health; she had borne five children, and had usually lingering labors. The progress, in the present instance, was slow; head was arrested at the upper strait nearly twelve hours; complained of giddiness, and her face was somewhat flushed during labor, and she expressed a desire to be bled. She was safely delivered, however, of a full-sized female child at 10 o'clock the same evening.

March 20, M. Patient doing well; no untoward symptoms. She was usually "smart," and never more so than now. About 9 o'clock, up to which time she appeared quite well, she suddenly fainted. About 10 o'clock, twelve hours after the completion of her labor, she was seized with severe rigors, succeeded speedily, it is said, by a high fever.

21st, 7 o'clock A. M. Owing to some mismanagement, I was not called until this hour. I found her with a pulse about 160; suffused countenance; hot skin; great thirst; hurried respiration; lochia suspended; bowels tympanitic—they would not bear the slightest pressure; while she complained constantly of most severe lancinating pains, which she said she had suffered the whole night.

Although I perceived that this was a case of the most formidable description, I determined to adopt the suggestions of Prof. Clark. Her bowels having been opened since her accouchement, I did not order an aperient, but gave three-fourths of a grain of the sulphate of morphia, and ordered a hop poultice to the bowels. Directed a half grain of sulphate of morphia every hour.

10 o'clock A. M. Pulse unchanged; continued the opiate as before. Asked a medical friend, of age and experience, to see the patient with me. He regarded her as almost certain to die under any treatment, and I thought the case one that would fully test

the efficacy of the remedy. Twelve o'clock, perspiration profuse; mind clear; pains in the abdomen have ceased.

2 o'clock P. M. No important change. 6 o'clock P. M. Appearance of improvement; continued the prescription. 10 o'clock P. M. Manifests a disposition to sleep. (Has had no sleep before for forty hours.) The pupils were contracted to such a degree that she saw indistinctly. Suffusion of the eyes; respiration 20; pulse 140. Ordered a quarter of a grain of morphia to be given instead of a half a grain as heretofore, and to be called at 2 o'clock.

22d, 2 o'clock A. M. Found my patient with improved appearance. Pulse 130; respiration 20; patient had slept considerably. 7 o'clock A. M. Respiration as before, and pulse 120. Much less tenderness of the bowels, with greatly improved appearance. Ordered a continuation of a quarter of a grain of morphia every hour.

10 o'clock A. M. Patient quietly sleeping upon her side. Continued the same prescription.

1 o'clock P. M. Patient improving; very little tenderness of the abdomen; less tympanitic; nervous twitchings of the hands; respiration 19; pulse 130; pupils more contracted. Continued the prescription.

6 o'clock P. M. Pulse 128; milk freely secreted; lochia discharging; urinates freely. Ordered the breast drawn, and prescription continued.

10 o'clock P. M. Pulse 120; less impulse; respiration 14; improved appearance; mind clear; still less tenderness of the bowels; patient "feels" much better. Ordered quarter of a grain of morphia every two hours.

23d, 8 o'clock A. M. Has been much disturbed by the restlessness of the child. Ordered quarter of a grain of morphia every hour, and a large dose of castor oil.

11 o'clock A. M. Pulse 120 and feeble; respiration 14. Patient complains of flatulent eructations; desires food.

3 o'clock P. M. Respiration 10; pulse 120; feeble and compressible; mind slightly wandering; skin cool. The castor oil had operated freely. Much wind had passed away, producing an evident effect upon the size of the abdomen. Ordered quarter of a grain of morphia every two hours.

6 o'clock P. M. Respiration 14; pulse 130. Ordered a bowl

of arrowroot flavored with brandy, and to continue the morphia as before.

10 o'clock P. M. Better, except a headache, produced probably by partaking too freely of the arrowroot. Continued the prescription. Ordered a suspension of nourishment.

24th, 2 o'clock A. M. Bowels have been freely and repeatedly moved; lochial discharge and urine free; pulse fuller and less frequent; countenance much brighter; no flightiness; the whole aspect of the case greatly improved in every respect.

10 o'clock A. M. Diarrhoea had continued for some hours; the secretions from the liver copious and natural; pulse 100, very feeble; respiration 18; tenderness of the bowels about gone, and reduced to a natural size; temperature of the skin natural; patient very hungry. Ordered a quarter of a grain of morphia every third hour, and the renewed administration of the brandied arrowroot.

1 o'clock P. M. Pulse 100, fuller and pleasanter; respiration 15; appearance still further improved.

10 o'clock P. M. Respiration 18; pulse 100; further improvement evident. Ordered quarter of a grain of morphia every five hours.

25th, 9 o'clock. Pulse 90, and pleasant. Having slept quietly she felt refreshed, only complaining of the powder, which contained a quarter of a grain of morphia, of which she had taken but two in twelve hours. She insisted upon it that the apothecary had made a mistake; that they were too large; that they made her drowsy. While taking half grain every hour she did not complain of a single symptom indicating the effects of opium. Now the usual legitimate influence upon one in an ordinary condition was manifested, proving to me the propriety of the treatment, and furnishing an indication that the system was in a peculiar condition during the continuance of the disease, which tolerated very large doses of opium, from which condition she has just now emerged. I had administered no medicine but thirteen grains of the sulphate of morphia and a dose of oil.

She now clamored for hearty food, and furnished indications of a good condition of the digestive organs. Ordered a better diet and *stopped the opiate.*

4 o'clock P. M. Had eaten with good relish; pulse down to the usual standard, and tongue clean.

From this point convalescence was rapid, and a few days sufficed to place her where, under the depleting treatment, I have reason to believe it would have taken months to reach. The only debility from which she had to recover was that occasioned by the disease, which is far less in a majority of cases than that produced by the remedies. Her digestive organs promptly recovered their tone; her child was again applied to the breast, and in a single week it was hard to realize that she had been the subject of a most violent and dangerous disease, always severe in its progress and fatal in its tendencies. This case is suggestive with regard to the influence of sedatives in controlling inflammation. The value of opium for the relief of inflammatory affections has been well understood by the profession for a long period; still, I apprehend, it is often regarded mainly as useful in controlling pain in anticipation of, or in connection with their remedies, which have received the name of antiphlogistic. This case would indicate opium itself to be a most powerful antiphlogistic remedy. It seems to hold everything quiet, and gives nature a chance to cure; and when relieved, she seems able speedily and promptly to accomplish a cure.

A case of ophthalmia, the prominent symptoms of which were the most severe lancinating pains about the forehead and temples, recently gave me much trouble. Calomel, colchicum, cupping, opium externally and internally, cathartics, all failed to procure relief, and the sight was gradually failing, when a remedy that I frequently employ for the relief of pains purely neuralgic recurred to me. I ordered the external application of chloroform upon every return of the pain. It furnished entire relief, and after that hour the sight improved, and recovery resulted. The good accomplished seemed to me to be in consequence of the relief of the troublesome symptoms, pain, and the suspension of morbid action. Perhaps these thoughts may call out some readers of the REPORTER who can draw upon their experience for facts which will either illustrate or disprove my conclusions.

NEWARK, N. J., March, 1855.

ART. IV.—*A Case of Idiopathic Malignant Inflammation of the Lower Lip.* By D. W. MAULL, M. D.

A young man, æt. 20, residing in the country, had been confined to the house, for several weeks, with phthisis pulmonalis. My father was called to him March 6th last: found him much emaciated, and suffering from an aggravating cough, both of which, with other attendant symptoms, justified an unfavorable prognosis. Treatment directed to the alleviation of the pulmonic distress until Friday morning, March 16, at which time my father's attention was called to what he judged to have been, originally, a minute pustule, seated upon the left side of the lower lip, about eight lines from the angle of the mouth, which pustule the young man had slightly picked; the part, somewhat circumscribed at that time, had begun already to assume an intensely or vivid red appearance, and was also somewhat swollen. Examined, by gentle pressure with the fingers, the part, and found imbedded within the subcutaneous cellular tissue, immediately under the orifice of the pustule, a substance quite hard, and about the size of a pea: no serious apprehensions entertained at the time of the result of this slight lesion, as it had scarcely detracted from the attention bestowed upon the pulmonary symptoms; some simple local application was made to the part, or directed, thinking that the slight inflammatory action would soon subside.

On the early part of Saturday night, March 17, saw the case again, the distance in the country precluding the practicability of more than one visit a day. By this time, the disease had made fearful inroads: the redness and swelling had increased until they involved nearly the whole under lip and a portion of the jaw of the left side; pulse much accelerated, though this might have been expected from the original disease; intense pain in the inflamed parts; constant delirium and incoherent talk; the lower lip quite thick, and very much everted, modifying articulation.

Such was the condition of the case until about 8 o'clock, at which time the redness of the under lip and the left side of the jaw along its angle, began to be superseded by a perfectly black color, which increased in extent until the occurrence of death, which ensued at about 10 o'clock that night, thus making only

about 36 hours to intervene from the period of the first observance of this pustule up to the time of death. On the following morning, the parts presented an appearance of mortification. I need scarcely state, that none of the preparations of mercury had been employed in the treatment of the phthisis. Such is the simple statement of the facts relative to this peculiar case.

Remarks.—From the nature of the case, I may be permitted to indulge in some reflections. Several cases, of a nature somewhat analogous to this, have been reported by the "Boston Society for Medical Improvement." Most of these were similar in their origin, from a small pustule on the upper or lower lip; no seeming occasion for apprehension in their incipency, in the malignant inflammation, and in their invariably fatal terminations. Such cases, we conceive, are comparatively rare, or, at all events, not many such are reported. In this case under our care, the system was in a reduced condition, and the vital energies or conservative powers of the system were exhausted, and could offer no obstacle or impediment to the course of the disease; could interpose no barrier to its ravages; and the case might possibly not have terminated so soon, had the recuperative powers of nature been more abundant, or in greater force; but the powers were weakened by long-continued pulmonic disease of a debilitating character. The cases elsewhere reported did not terminate so speedily; this was suddenly developed, and as suddenly terminated.

This case, under our inspection, differed essentially from charbon or malignant pustule, in not having its origin, as has the latter, in the infection from horned cattle, and in not containing the black slough in its incipency. Although some of the characteristics of both of these inflammatory diseases closely approximate, the origin is sufficient to enable one to discriminate with certainty. The symptoms of consumption could, with facility, be separated from the local disease referred to.

The case differed from cellulo-cutaneous erysipelas in not being attended with some of the constitutional symptoms usually concomitant, though these effects may not be invariable; and, upon the whole, if it cannot with greater justice be classed with this disease than any other, it must be an affection *sui generis*, and merit an appellation accordingly.

GEORGETOWN, DELAWARE, April 18, 1855.

ART. V.—*Hydrastine*. By C. H. CLEVELAND, M. D.

THE *Hydrastis Canadensis* early attracted the attention of the medical men of America. It was known under various names, as *yellow puccoon*, *ground raspberry*, *turmeric root*, *golden seal*, &c. Mr. John Ellis, who contributed largely to the herbarium of Linnæus, first gave it the generic name of *Hydrastis*, and he also gave, as we are told in *Rees's Encyclopedia*, the first description of the plant.

This pretty plant was first cultivated in England, by P. Miller, who had specimens growing in 1759.

The yellow root has figured in most of the works of botanical writers in this country, and in the Appendix of the last edition of the United States Dispensatory, the plant itself, and the proximate principle is briefly noted.

Prof. Barton in his collections, threw out the supposition in these words: "The Cherokee Indians employ a plant in the cure of cancer, which is thought to be *Hydrastis*." This, doubtless, led Dr. Dyckman to mention cancer as one of the diseases for which *Hydrastis* is used, in his edition of the *Edinburgh Dispensatory*. A cold infusion of the root was formerly much used by boatmen and others for inflammation of the eyes, and that gathered in the vicinity of where Louisville now is, was in higher repute than that found elsewhere. This use of the root was also mentioned by Prof. Barton, and perhaps his encomiums have led to its introduction into the dispensaries.

The root in its recent state is juicy, with a strong and somewhat narcotic odor, and an intensely bitter taste. In drying, the root loses much of its weight, and becomes nearly inodorous.

The first account I have seen of its chemical examination, was by Mr. A. B. A. Durand, of Philadelphia, who found it to contain albumen, fatty matter, starch, yellow coloring matter, sugar, lignine, resin, and several salts, and a peculiar crystallizable nitrogenous substance, for which he proposes the name of *Hydrastin*, but at the same time he said he supposed it to be an organic alkali. His account is published in the twenty-third volume of the *American Journal of Pharmacy*.

More recently several other chemists have essayed to obtain a

more or less pure Hydrastine, and in Prof. King's *Dispensatory* is published the mode adopted in its preparation by Dr. A. R. Brown, which I copy, as it is substantially the process adopted by the most of those engaged in its preparation at the present day.

"Macerate thirty pounds of the roots of the golden seal in eight gallons of alcohol, 76 per cent., for forty-eight hours; then, through a small opening made in the bottom of the vessel containing the above, allow the tincture to run off into a separate vessel; add of a new supply of alcohol, four gallons, and after macerating for twenty-four hours, draw off as before. Now pour upon the roots six gallons of cold water, and in twenty-four hours draw off the remaining alcohol, the water having been absorbed by the roots. Place these several tinctures together into a displacement apparatus sufficiently large for the purpose (I prefer Smith's), and distil off the alcohol; remove the residue, and let it stand an hour or two, and then pour off the supernatant liquid very carefully, so as to leave behind a black oleo-resinous substance, which, if not removed, will injure the beautiful yellow of the Hydrastine, and prevent it becoming pulverizable. Now treat the liquid, which has been poured off, with six or eight gallons of water, and while stirring the whole, gradually add, of pure muriatic acid, sixteen ounces; let it stand ten or twelve hours, and filter through fine muslin. Remove the Hydrastine, and place it on unglazed dishes to facilitate its drying. As prepared in this way, one pound of the root yields half an ounce of the so called *Hydrastine*." Prof. King says that this beautiful article was first introduced to the profession by Dr. H. H. Hill, a druggist of this city, who, I think, is a graduate of Jefferson Medical College, of Philadelphia.

The later experience of Dr. Hill has led him to adopt a different mode of preparing Hydrastine from that above detailed. He first steeps the recently crushed root in the purest alcohol, for he has found that the more pure the alcohol, the greater will be the proportionate product obtained. He then distils off the alcohol of the tincture until of a thick consistency, when he dissolves the residuum in water, and makes a precipitate by means of pure hydrochloric acid.

After washing the preparation with water to remove any acid, he then redissolves the precipitate in hot alcohol, which, on cool-

ing, allows the Hydrastine to form in beautiful needle-shaped crystals like the specimens sent. By this process, a crystal is formed, which is insoluble in water and in cold alcohol; is of an intensely bitter taste, and a beautiful orange color. For convenience in prescribing, the crystals are usually ground to a powder in a mortar.

This method obtains a far greater amount of Hydrastine than that of Dr. Brown.

Mr. E. S. Wayne, of this city, an excellent practical chemist, who has for some time devoted himself to the remedial resources of our indigenous botany, and particularly to discovering the best means of isolating the medicinal principles from extraneous matters, is of the opinion that probably better means than those yet devised will be discovered for their extraction. He has already obtained a beautiful crystallizable substance from the *Cimicifuga Racemosa*, by a method I have reason for anticipating he will give to the profession through the columns of the *American Journal of Pharmacy*.

Hydrastine has had ascribed to it the most wonderful and the most opposite virtues. As the infusion of the root had proved useful in certain inflammatory conditions of the eyes, those who draw hasty conclusions have strongly urged its claims in ophthalmia, while the fact is notorious that it is entirely insoluble in water.

The error of Barton and others has led to its being used in cases of cancer, but probably all the effects that have been ascribed to it are due to the arsenic, the mercury, or the zinc with which it has been combined. Dr. Ewing, of Lexington, has strongly recommended the infusion of the root as an injection in gonorrhœa; and Dr. McCann and others unite with him in ascribing to the root valuable properties in those cases; but certainly the addition of insoluble Hydrastine to an injection, would not be likely to increase its value. Dr. Gooche denies its value in the few cases in which he tried it, and supposes that in those of Dr. Ewing the benefit must have been from the sulphate of copper, and not from the Hydrastine with which it was combined.

The root appears to possess a specific stimulating effect upon the mucous membrane, beyond what would follow the administration of a simple tonic; but that Hydrastine is possessed of any

other powers than those of the simple bitter tonic remains to be demonstrated; that it has antiperiodic properties has been stoutly affirmed, but not proved on trial, and hence the demand for further tests. As a tonic, probably it will be found of great value; its insolubility is against its use, but its intensity, power, and purity, as well as cheapness, is greatly in its favor, for it costs less than half the price of Salicine, and the source from whence it is obtained is inexhaustible.

I anticipate that Mr. Wayne will soon be able to present even more perfect specimens than that now forwarded to you.

CINCINNATI, June 1, 1855.

ART. VI.—*On Dyspepsia*. By R. DOUGLASS, M. D.

It will be admitted that the evils of *exclusivism*, in relation to pathological subjects generally, are innumerable. Suppositions are created, and, before he is aware of the misleading influence by which he becomes enslaved, the practitioner's observation and reason are placed, in some degree, in an imbecile state of abeyance. Oft is he unduly influenced by fine-spun theories in his administrations at the sick bed, and, by his inflexible adherence to such theories, the life of the patient is, to say the least, jeopardized.

I have thought for some length of time that the theory which teaches that dyspepsia is generally the result of hepatic derangement, however plausible that theory may appear to be, is not correct; but, on the contrary, that that derangement is secondary and sympathetic, arising from a disordered and debilitated state of the stomach and bowels. That the flushing of the face, dryness of the mouth, weakness of the knees, and scurvy state of the cutaneous surface generally, which, though as symptoms they are called *bilious*, are, nevertheless, more correctly referable, in the majority of cases, to the *primæ viæ* as the first and chief seat of the malady. The fact should not be lost sight of, viz. that dyspepsia is a frequent disorder, while liver complaints are comparatively rare. The knowledge of this should carefully guard us against the indiscriminate use of mercurial preparations in such a state of the organ in question.

The rational indications of treatment will be found to be, *first*, to guard against whatever would tend to produce a debility of the nervous influence and muscular fibres of the stomach and bowels; *secondly*, to palliate the symptoms which aggravate and perpetuate the complaint; and, *thirdly*, to give tonicity to the debilitated organs.

1. *The indication is to guard the patient against whatever would weaken the organs of digestion.* All habits, therefore, which are known to have such a tendency, must be carefully guarded against. Among these are dissipation, luxury, indolence, late hours, undue attention to all kinds of business and study, improper food, insufficient mastication, strong coffee, and tobacco in its various forms.

2. *To palliate urgent symptoms.* This will call our attention to the state of the stomach and bowels. What, then, may we find in such a case? Constipation, flatulency, and morbid acidity; these we must obviate. The first requires the use of mild aperients. Active purging should be avoided, unless where the case requires the expulsion of hard fecal matter; but, even then, it need not be the only resort. There are other means far preferable in weak states of the stomach. As aperient medicine, in the pill form, is, generally speaking, to be preferred in dyspepsia, we would, therefore, recommend the following as among the best of that class:—

R.—Ext. colocynth, ʒi;
Pil. rhei. comp. ʒss;
Pulv. ipecac. gr. xv;
Ol. carui, gtt. x;
Sapo, gr. xx.

℞.—Ft. pilulæ xlviij.

Two or three to be taken as occasion may require.

The flatulency and morbid acidity may be counteracted by the following:—

R.—Sodæ bicarb. ʒii;
Aqua menth. pip. ʒviii;
Spts. lavand. comp. q. s.

A tablespoonful to be taken three times daily.

In the case under consideration, we will frequently have bloating, belching, and acidity. The two former of these is produced by the gas, which will be, in a measure, counteracted by the

mentha piperita. As long as the gaseous state of the stomach continues, the dyspeptic condition cannot be relieved, forasmuch as the various fibres of that organ—the longitudinal, oblique, and circular—cannot act so as to produce the vermicular motion by which the food is brought into immediate contact with the gastric juice. Under this indication, the soda will answer an important end by neutralizing the acidity. But, as there is a cause at the back of all this, we are, in order to its removal, naturally led—

8. *To give tonicity to the debilitated organ.* While the stomach and colon are weak, they will engender gas, and pour forth morbid secretions, which, if permitted to continue, will give rise to still greater weakness, so that, finally, the *vires medicatrices naturee* may be so far reduced as to leave the medical practitioner almost without a foundation on which to rest a hope of recuperation. In all dyspeptic cases, he will have weakness, and morbid or deficient secretions to contend with. What, then, is to be done under such circumstances? The weakness manifestly indicates the use of tonics and mild stimulants, while the morbid or deficient secretions indicate the employment of that which will correct or restore them. All these are combined in the following:—

R.—Pulv. rhei, Pulv. zingib., ss ʒss ;

Pulv. ipecac. gr. iv;

Ol. cinnamomum, q. s.

℞.—Ft. pilulæ xxxvi.

Dose, three pills three times daily.

These pills, together with the soda mixture, will soon bring up the tone of the stomach. While the rhubarb gives tonicity, and the ginger gently stimulates, the ipecacuanha will promote the secretions by exciting the stomach to pour forth its digesting fluid, as well as the mucus from the membranes of the intestinal canal. Here we see, at least in part, the *modus operandi* of the ipecacuanha in giving tonicity to the “throne of the system.”

That the prescriptions may have their full effect upon the patient, it will be necessary to give some directions as to diet, and the proper time for the patient to take what you prescribe. As to the former, there is no rule of general application. Generally, in such a case, the only unexceptionable rule is, whatever agrees best with the patient is best for him, and this may be known by his own observation. The medicine should be given about three hours before each meal.

There are cases that may require the use both of the bitter and acid tonics, and also conditions that may, in the commencement, demand the use of the blue mass; but I think that, in the majority of cases, the above will be sufficient, and am persuaded that, if my professional brethren will but give the thing a fair trial, they will readily accord with what is here advanced, and give the weight of their testimony to the truth. The medicine here recommended, though simple in itself, will powerfully assist nature in resuming her empire.

WOODSTOCK, VA., May 25, 1855.

ART. VII.—*Sudden Spontaneous Cure of Ascites.*

By WM. JOHNSON, M. D.

THE April No. of the NEW JERSEY MEDICAL REPORTER contains an interesting case of disease, by J. B. Crawford, M. D., under the caption of "An Obscure Case." I am not aware, however, that greater obscurity rests upon it than very many cases which we diagnose with much confidence. I think that there can be no reasonable doubt of the case having been one of *ovarian dropsy*. The rapid development of the disease, however, as well as its termination, leaves an uncertainty on the doctor's mind as to the real nature of his case, and as he requests an opinion from some of the readers of the REPORTER, and as no one yet has replied, I shall endeavor to throw light upon his case by the relation of a case of my own, which, although it was not ovarian dropsy (the patient being a male), yet, in two of its most remarkable features, was parallel with his. I refer to the rapidity of development and manner of termination. The manner of termination of both his case and mine was similar, which I believe was by *ulcerative perforation into the intestinal canal*. A very small perforation would be amply sufficient to evacuate the water, and might even be so small as to prevent the escape of fecal matter from the bowels, and nature, having accomplished the escape of the water, might then have instituted reparative processes. But let me relate my case.

May 7, 1839, I was called, in consultation with Dr. Honeyman, to the son of D. C., a lad about ten or twelve years of age, with

ascites. The dropsical effusion was the sequel of a *mild attack of peritonitis*. There was considerable tumefaction of the abdomen, but the inflammatory affection which had produced it was completely carried off by the serous effusion. A variety of anti-hydrotic medication was employed by the attending physician before I was called in. I do not recollect, at present, of making any further addition to it, save the *nitras potassæ*. In two or three days after my visit, a very large quantity of water was discharged per anum, with a rapid subsidence of the abdominal tumor. The quantity of water discharged was so sudden, and the subsidence of the abdomen so complete, and the recovery so rapid, that I could account for it in no other way but on the *supposition of the water having found its way into the bowels by ulceration somewhere in them*. The recovery was permanent. It may be asked, had the medication employed any share in bringing about this favorable termination? I think not. The doctors got much credit when they deserved none. Nature effected the cure, either by ulceration of the bowels, which seems the most probable, or else by the production of large watery evacuations, bringing about absorption of the effused fluids. The patient was not taking hydragogues at the time.

WHITE HOUSE, N. J., June, 1855.

ART. VIII.—*Collection and Preservation of Plants.* By ARIEL
HUNTON, M. D.

It is expected, and doubly desirable, that the country physician who is intending to have a knowledge of the medical virtues of our indigenous vegetables, and *use* them as substitutes for more costly, and, in numerous instances, less efficacious articles of foreign growth, should collect, or superintend the collection of the material he intends to use, in order to insure a proper article.

Hence, a knowledge of botany and pharmacy is an indispensable requisite in his education, that he may be competent to judge of the proper time to collect, and how to preserve in the best manner. Those branches of the education of the faculty, in many cases, are sadly neglected. To me, there is an exquisite pleasure in the study of botany, it being interesting and very instructive.

Our medical writers inform us, that plants grown in a dry season have their medical virtues more abundant, and keep better than those grown in a wet season, which is a truth. All roots and barks should be excluded from the air, and leaves and herbs from both air and light. In this way, they may be kept a long time. It is of the utmost importance, in prescribing for the sick, that our articles be reliable, the price, with *me*, is of minor consequence. I require a pure article, which, if applied judiciously, and in season, will usually insure success.

The powders and extracts procured from the shops, until very recently, were adulterated to some extent. Ground rhubarb, at this time, may be purchased at a reduced price from that demanded for the crude pure root, which evidently shows there is a damaged or inert article combined, which, I am informed, is, frequently, decayed wood, which is usually of a yellow-brown color.

It is to be regretted that adulteration of our medicines is so prevalent. Knowing this fact, I prepare my extracts and tinctures with my own hands, and many of my simples and compounds, to insure a pure article.

As I have before said, all plants exposed to the air a long time, have their medical qualities much impaired.

All the mints, and, indeed, nearly *all* plants containing an essential oil, lose, by drying, from one-fourth to one-half their oil, and usually from two-thirds to three-fourths their weight. The essential oil of plants being the highly concentrated virtues of the articles under consideration, may be kept any length of time without deterioration; in this way they are prescribed, at this time, by most of the faculty, the herbs being little used.

There are few roots of annual growth in medical use; those that are, should be collected while the plant is in full vigor. Biennial roots should be collected in the fall of the first year's growth. Perennials, always in the fall. They cannot usually be collected in the spring before germination commences; they will shrink much more, will not keep as well, and are of an inferior quality.

Large roots should be sliced transversely; small ones, if required, longitudinally, dried as expeditiously as possible, and packed in tight vessels that air and moisture may be excluded; tin cans with tight covers, are very convenient.

Barks are most easily collected when they will strip from the wood, which with us is the last of May and first of June; but

they can be obtained at any season; that from the root usually pulverizes with greater facility than from the trunk: otherwise, I am not aware of any preference.

Leaves and herbs should be collected while the plant is in blossom, this being the acme of its vigor. I dry my leaves and plants in the shade, as expeditiously as possible, press them, and pack them closely and securely; they will keep a long time.

The most general rule for collecting flowers is, as soon as they are fully expanded, when the corolla is to be preserved; the exsiccation should be effected by stove heat, then placed in tight cans.

Berries should be collected when fully ripe, and thoroughly dried.

All plants, the virtues of which are an essential oil, or a volatile principle, should never be boiled; an infusion, with the vessel closely covered, and removed from the fire; any nervine is deteriorated by boiling; officinal valerian, by boiling, is nearly inert—it is a weak nervine at best.

The emetic quality of lobelia by long decoction is wholly dissipated.

Aurum triphyllum, by exsiccation, is nearly inert; a vegetable without taste or smell, *I think*, must be harmless.

Astringents may be boiled. Bitters are frequently boiled, but a cold menstruum is better.

In this, my eighth number, I am designing to *glean* and pick up some of the fragments dropped by the way, and will congregate some of our most patent counter-irritants and vesicatories; some have been previously described.

The inner bark of the young shoots or twigs of *Juglans cinerea*, scraped fine, and then bruised, applied to the skin, is, in potency, approaching the actual cautery; wet the surface with alcohol, or strong vinegar, previous to the application. It speedily occasions a burning sensation, with inflammation and vesication.

Polygonum punctatum, Arse-smart, contus., in a green state; the convenient form is to bruise in a mortar to a soft, pliable consistence; wet the surface as before directed; apply in the form of a cataplasm, it will vesicate.

Sinapi Alba et Nigra—*Mustard*.—These seeds have many virtues. They contain a fixed and an essential oil, the latter having an exceedingly pungent odor, and an acrid, burning taste.

The seeds swallowed whole are laxative, or cathartic; pulverized, they operate as an emetic, quite useful where the stomach is torpid and inactive, and a calefacient is needed to promote the operation of other emetics.

In chronic rheumatism, or any disease where a warm stimulating remedy is required, this article, with the root of *Cochlearia Armoracia contus*, infused in diluted alcohol, taken thrice each day, is a useful and potent remedy. The seeds, pulverized and spread on paste, may be judiciously applied as an irritant, a stimulant, or to vesicate.

Dirca Palustris—*Wicapy*.—The recent bark, bruised in a mortar, applied to a surface, will inflame or vesicate.

Cochlearia Armoracia.—The root and leaves may be judiciously used as a stimulant, counter-irritants, and vesicatories, when such remedies are indicated. The green leaves will vesicate the young; the root grated or contused, is more suitable for an adult.

Clematis Virginica.—The recent leaves bruised to a pulp, and applied to the skin, will vesicate. The leaves of the *Clematis Vitalba* will vesicate, and are used as an anti-venereal. The root of the *Arum Triphyllum* will vesicate.

Ranunculus.—All the varieties are acrid, pungent, and most of them will vesicate.

Urtica Civica—*Nettle, the High and Dwarf*.—As a stimulant to paralytic limbs, by whipping and shedding the sharp hairs on the skin; as a rubefacient, or vesicatory, by applying the leaves. The root is alterative, good in bowel complaints. I have been more successful in restoring paralytic limbs with nettles than any other remedy. I will name here that Canada Balsam is as sure a remedy in gonorrhœa as Bals. Copaiba.

HYDE PARK, VERMONT, April 2, 1855.

ART. IX.—*Extensive Incised Wound of the Abdomen, Liver, and Lung, followed by Recovery.* By HEMAN ALLEN, M. D.

In April, 1823, James Macdonals, aged eight or ten years, fell upon a sharp grass scythe in such a manner that his right side was

laid open by the wound, commencing several inches below the centre of the false ribs, passing upwards, a little obliquely forward, dividing all the false ribs nearly in the centre, and also dividing three of the true ribs, and partly dividing some of the others above; also wounding the liver by an incision about the length, breadth, and depth of a middle-sized man's forefinger, dividing the edge of the diaphragm at its junction with the false ribs, and laying open a wound on the right lobe of the lung very similar in magnitude to that made on the liver, yet a little deeper; dividing a bronchial vessel, which opened about half an inch in diameter, the air rushing out with sufficient force to blow out the candle at a distance of two feet or so. This took place on removing the clothes to inspect the wound. Applied cloths dipped in a solution of sacch. sat. in vinegar and water, laid him on his wounded side, shoulders elevated, and kept quiet with an anodyne and strict attention till morning. Had to wait two or more hours in the morning for the consent of his parents to have an operation performed, as they thought it utterly useless; was at last consented to. Removed the dressings, passed my forefinger three times into the wound above the diaphragm, and removed coagulated blood, in quantity amounting to two-thirds of the size of a hen's egg; closed the wound with eight separate stitches, an inch apart, leaving an inch or more at each angle of the wound; covered it with dry lint; stayed with common cerate; did not remove the dressings before two or three days; the wound healed almost wholly by the first intention; removed the stitches in due time. Patient was able to walk about in three weeks, and play a little in six, though somewhat lop-sided.

The favorable termination of this case suggests to my mind that, in young and healthy subjects, when matter has formed from inflammation, the faculty should not hesitate to operate when the matter can be reached with any degree of safety to the patient. Also, in fractures of the ribs, the broken ends wounding the lungs, producing emphysema, divide the parts down to the fracture, remove the sharp points, and dress according to circumstances. I have lately witnessed a fatal case of a large collection of matter, on or in the convex outer portion of the liver, from inflammation, in a strong, healthful constitutioned man, aged 45 or 50 years. If the matter had been evacuated, he might have had a good chance for recovery.

The foregoing statement is well known by Dr. Alexander Linn, of Deckertown, who was then a youth, and a near neighbor to the family. The boy grew to be a healthy man, and lived till within about three years ago. I thought of publishing the case at that time, but a press of business, procrastination, and delay, has prevented till this time. Conversing with Dr. Linn on the case, not long since, he thought it certainly ought to be published; and the circumstances were so strongly impressed on my memory that I think there is nothing material omitted in the relation; and I am certain there is nothing added to the facts.

DECKERTOWN, N. J., *May*, 1854.

BIOGRAPHY.

ART. X.—*Biographical Memoir of Dr. B. R. Wellford.*

DR. BEVERLY RANDOLPH WELLFORD was born in Fredericksburg, Virginia, on July 29, 1797. He was graduated in the Medical Department of the University of Maryland, in the spring of 1816, and returning to Fredericksburg, was immediately associated with his father in the practice of medicine.

Devoting himself with enthusiasm and energy to his profession, he not only soon established himself in the confidence and affections of a large circle of patients, but his reputation spreading beyond the sphere of his immediate practice, he was often invited to consultations by his brethren in adjacent counties. Dr. W. not only pursued with ardor the several branches of his profession, but he enlarged his mind and improved his taste by excursions into the kindred fields of science and general literature.

It was a matter of course that a man of such liberal studies should sympathize with the movements for medical reform, and professional organization, recommended by the American Medical Association. Accordingly, Dr. W., by his zeal and energy, contributed materially to the prosperity of the Virginia Medical Society, whose members evinced their appreciation of his efforts by electing him its President in 1851.

He discharged the duties of this office with so much care, and in a manner so satisfactory, that when the American Medical Association met in Richmond in 1852, he was, upon the unanimous recommendation of the Virginia delegates, chosen President of that body. The dignity and courtesy with which he presided over its deliberations elicited the admiration of his associates; and the graceful elocution, varied learning, and general ability which characterized his address before that body, gave him at once a national reputation.

In the spring of 1854, Dr. W. was elected to the chair of *Materia Medica* and Therapeutics in the Medical College of Virginia, and removed to Richmond, where he has been diligently engaged in discharging the duties of this office, and in the practice of medicine. His courteous manners, ripe experience, professional learning, and literary taste, all fit him to shine in his new sphere, and attract towards this rising institution the regards of the American medical public.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. XI.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, April 11, 1855.

Tumors in the Brain.—Dr. CONANT presented *three tumors developed in the brain*, with the history of the case, taken from the note-book of Dr. Dewees, the patient being under his professional care. In 1849, the patient applied to Dr. D. for treatment, suffering then from severe neuralgic pain over the left orbital and temporal region. He has had syphilis, and at the time of his application for relief, there existed an ulcerative discharge from nasal cells and frontal sinus. His symptoms were relieved for the time by galvanism. He was very deaf in the right ear; hearing was temporarily restored by Eustachian catheterization. Abscesses formed in this ear, attended by intense pain and profuse discharges without external perforation of the *membrana tympani*, by perforating the middle lamina of the membrane, and finding exit through the contiguous integument, midway into the auricle. Several portions of carious bone passed through the posterior nares into the throat. In the following year he experienced a like attack, terminating in a similar manner by discharge of pus. Some months subsequently, carious bone was discovered about the region of the Eustachian tube—deafness existed, which was temporarily restored by removal of the bone. In Feb.,

1852, he again applied to Dr. D. for the same trouble, and was relieved by the same means. Three months after he suffered from symptoms probably caused by the passage of a gall-stone. Two weeks after this he was seized with tremors, attended by pain over the region of the liver; hepatic abscess was diagnosed. In ten days after, blood and matter resembling pus were discharged from the rectum, followed by immediate relief of symptoms. One year after this, June, 1853, he was again seriously ill; and from the color of the skin and expression of face, malignant organic disease was at first suspected; but Dr. D. finally concluded the brain to be the seat of disease, as for a long time anticipated, although unattended with cerebral pain or disorder of the intellect. He suffered at the time continual constipation of the bowels; the power of erection, voluntary and involuntary, was lost; fugitive strabismus, and spasmodic closure of the glottis, if the air swept over the face. In the following month, gradual loss of power of the left side ensued, soon succeeded by hemiplegia; hiccough, spasmodic belchings, and increased reflex action now took place; and engorgement of the medulla oblongata was diagnosed. The paralysis was partially relieved, the patient being able to walk about, and use the left arm and hand at table. In Feb., '54, a jelly-like substance surrounding a piece of fecal matter was submitted by Dr. Dewees to the microscope, and found to consist of granules, fusiform and other, denominated cancerous cells. Disease of the pancreas was now pronounced upon. In March, a yellowish patch was thrown off from the stomach, and found filled with the sarcina ventriculi; these were apparently destroyed by the administration of hyposulphite of soda. Irregular diplopia and dazling of the sight occurred one month later. Then a most remarkable physiological exhibition was observed. The patient could place his right eye on another person, and by voluntary effort move the left eye in any direction without changing the fixed position of the right eye. This phenomenon could be produced at any time for four days, when the power was gradually lost. On the 31st May, he was attacked with pain in the side, as in 1852, accompanied by rigors, and the same diagnosis (hepatic abscess) pronounced. He died on the 24th September. The faithfulness of the diagnosis of Dr. Dewees will be best understood by description of the morbid condition as revealed by the knife. *Post-mortem* examination 36 hours after death. Rigor mortis well marked on both sides, there being no apparent difference. Emaciation not extreme, nutrition nearly equal on both sides. The peritoneum was slightly congested. The intestines were small and seemed much contracted, the villous coat denuded in patches. *Stomach* contracted, its mucous membrane injected and somewhat softened. *Spleen* normal, *kidneys* quite congested. The *liver* contained in its large lobe, within two inches of its anterior border, a mass which seemed to be concrete pus, about half an ounce, with slight induration around; and a small mark directly over this mass resembling a cicatrix. Two other similar marks were also observed. The organ was diminished in size. The *gall-bladder* contained some 15 concretions, stellate in form, black throughout, the size of an ordinary pea. The *pancreas* was quite abnormal, with internal red, pulpy softening, fatty, and of a peculiar dark appearance. Adherent to its capsule was a piece of rough bony matter, strangely developed in three distinct layers of tough, fibrous membrane. The analysis of this substance was as follows:—

Organic matter	7.050
Phosphate of lime	77.520
Carbonate "	7.000
Magnesia	1.600
Phos. soda and chloride sodium	6.830

100.000

Heart and lungs normal, except some old pleuritic adhesions. *Head.* Urogen.

removing the calvaria, the dura mater seemed healthy only on the *left side*, at a point corresponding to the parietal eminence; it was there adherent to the bone by a surface of an inch in diameter. At this position on the inner side of the dura mater, a *tumor* was found adherent, extending one inch into the substance of the brain; the adjoining portions being much softened. Another *tumor* of the same size, also attached to the dura mater, was discovered on the *right side* just above the petrous portion of the temporal bone. It extended so far into the substance of the organ, as to produce softening of the outer third of the crus cerebri, and consequently destruction of the *tractus opticus* of that side. In the *pons Varolii* was another smaller tumor, situated at the lower part of the pons, slightly to the right of the mesial line. The softening around this tumor extended to the upper part of the medulla oblongata, impinging upon the floor of the left ventricle. The pituitary body was shrunken and exceedingly soft. This condition was predicted by Dr. Dewees, who regarded the nutritive functions to be oppositely affected to those disturbances in cholera, where this body was uniformly found (by Dr. Conant) much hardened.

Effects of Rum and Arsenic on Stomach.—Dr. FINNELL presented a stomach similar to the one shown at the last meeting of the Society; it was rather more congested, and its mucous membrane covered with the same white spots. The patient had been intemperate for three years past, and died of phthisis—cavities existed in both lungs. The next specimen exhibited by Dr. F. was also a *stomach*, removed from a person who took 3ii of *arsenic*. During the night he vomited once or twice, and was found dead next morning. Examination revealed the stomach of a fiery red color, and extravasation of blood under the submucous cellular tissue.

Hydatids and Abscess of Uterus.—Dr. F. next presented a specimen of *hydatids* of the *uterus* and *abscess* in its cavity. Patient was 45 years of age, health good until the spring of 1853, when she suffered from loss of appetite, pain in the right hypochondrium, and irregular action of the heart. The liver was enlarged and firm to the feel. The heart hypertrophied, but no organic disease was detected. By proper medication, her general condition improved. In Oct. of the following year she experienced a severe flooding, supposed to be the result of an abortion. In Jan. last, she presented the appearance of a woman about four months advanced in pregnancy. The uterus was enlarged, and she thought the motions of the fetus were felt at times. Hemorrhage again occurred. Placenta prævia was suspected, and at the end of six weeks she was so rapidly failing as to warrant the production of miscarriage by the use of ergot. It was administered freely, and on the 14th March, a large mass of hydatids was expelled from the uterus, accompanied with great loss of blood, which reduced the patient to an alarming state. Nine days after, the right leg and thigh became swollen and painful. Symptoms of pneumonia were developed, and on the 31st she died. *Post-mortem* ten hours after death. The heart weighed one pound; the hypertrophy being mainly confined to the left ventricle. No organic lesion of the valves. The right lung was hepatized from the base to the level of the fourth rib. An old tuberculous cavity, about the size of a hen's egg, existed near the sternum, between the intercostal space of the third and fourth ribs. Its external wall was formed by the pleura, which had united with the pleura-costalis. The left lung was pale and slightly cedematous. The *liver* weighed 4 lbs., of a well-marked nutmeg appearance. The *uterus* was of large size. On cutting through its body a small cavity was divided, containing a moderate quantity of yellowish green pus. The abscess did not communicate with the cavity of the organ. On one side of the uterus, the mucous membrane was hard and shrivelled, resembling an old cicatrix; it was probably the point of attachment of the hydatids. The ovarian veins were large and distended with blood. The femoral and external iliac veins of the right thigh at Poupard's ligament were firmly blocked up by fibrinous coagula.

Tumor of Throat.—Dr. LATTIMORE presented a tumor removed by him yesterday. It was situated in the throat, more attached to the left than right side; no attachment posteriorly, and apparently developed between the two layers of mucous membrane of the soft palate. It had been growing for eighteen years; its progress was arrested for three years by the topical use of lunar caustic. During the last few years it had been increasing quite rapidly, and attained such a size when first seen, as seriously to impede respiration and deglutition. Its removal was not attended with much difficulty; the attachment on the left side was divided by a scalpel, and the operation completed by the finger. Dr. Isaacs placed a portion of the tumor under the microscope, and found it to consist principally of fibrous tissue, and also contained a good many cells. He would not pronounce as to its nature from the short examination made.

Dr. VAN BUREN regarded the case as exceedingly interesting and unique in character, both from the length of time of its growth (18 years), and the ease and success attending its removal. From its appearance, he had no hesitation in pronouncing it cancerous.

Exostosis of Os Innominatum, reproduced after Amputation at Hip-joint, five years since.—Prof. W. H. VAN BUREN exhibited an enormous specimen of *exostosis* involving the whole of the left *os innominatum*, taken from a patient in whom he had performed amputation at the hip-joint for a similar disease of the *os femoris* nearly five years before, and who had recently died. The morbid growth had been reproduced in the acetabulum within a year after the amputation, although at the time of the operation it was perfectly healthy, as well as the head of the femur, which was also presented to the Society. Since the disease reappeared, it had continued to grow steadily and regularly until it had reached its present immense size and weight, 18 pounds. The patient died at a distance from the city with obscure cerebral symptoms, not immediately connected with the present disease.

The particulars of this case were reported in full to the Academy of Medicine soon after the patient's recovery from the amputation of the hip-joint, with wood-cuts representing the disease removed at that time (May, 1850), and the morbid specimens were presented at one of the meetings of this Society. The exhibition of the present specimen, therefore, completes the pathological history of the case.

In resuming the history of the case from the period where the record in the *Transactions* of the Academy leaves it, there are but a few circumstances of importance to be noticed. The morbid growth spread from the acetabulum where it first reappeared, until it gradually involved the whole bone. It pushed the soft parts before it, causing constant and sometimes severe pain, presenting everywhere an irregularly nodulated surface, very hard to the touch. It projected upwards until it came in contact with the lower ribs, and growing inwardly towards the median line, it encroached materially toward the close of the patient's life, upon the pelvic and abdominal cavities, so as to interfere with the functions of the rectum and bladder. The patient used opium habitually to relieve his pain, but when last seen by Dr. Van Buren in the spring of 1854, four years after the operation, his general health was still good; he ate and slept well, and was not losing flesh. Soon after this he left the city to reside in New Jersey, where he died in February, 1855. No accurate account has been received of the immediate cause of death, which seems to have been preceded by cerebral symptoms. Through the kindness of Dr. A. T. Pettit, of Long Branch, who examined the body, the specimen now before the Society was obtained.

It is only by comparing together the three preparations which comprise the whole of the femur in two pieces, and the *os innominatum*, and which are now placed in their natural relation to each other, that the true nature of this extraordinary disease can be thoroughly comprehended. The first is a dried mass of bone weighing 8½ pounds, comprising a little more than the lower half of the *os femoris*, where it was sawn through at the first operation to which

the patient was subjected, viz: amputation of the thigh in May, 1848. This tumor had been growing for a period of 16 years. It is a lamellated exostosis sprouting from the whole surface of the os femoris throughout its lower half, including its condyles and their articular surfaces.

The second specimen is the remaining, or upper portion of the femur, with the reproduced disease growing from its lower extremity; this is preserved in spirits, and shows the attachment of the sciatic nerve to the bony growth by which it is surrounded, thus explaining the severe character of the pain for the relief of which, mainly, the second operation was undertaken. This is also a pure bony growth or simple exostosis.

The third and last is the huge mass, weighing 18 pounds, and consisting of an osseous outgrowth from the *os innominatum*, and apparently from every portion of the surface of this bone. This recent preparation is evidently identical in character with the disease of the femur. It has been examined microscopically by Dr. Isaacs and myself, and the only histological elements which it contains, are those of true bone and fibrous tissue. At one point striped muscular fibre was found in the interior of a cancellated bony nodule corresponding in position to the dorsum of the ilium; this was supposed to be a portion of the glutæi muscles included in the bony growth, and not yet deprived of its characteristic appearance. (Drawings of these microscopical appearances were submitted by Dr. V. B.)

The surface of this tumor is covered by a layer of tissue varying in thickness at different points from the fraction of a line to half an inch and more. This is nothing more than periosteum; under the microscope it consists of white and yellow elastic fibrous tissue only. When I first examined the specimen from the femur seven years ago, I was under the impression that this contained cartilage cells; but in this specimen there are no cells of any kind whatever, except those which characterize the processes of exudation and transition, as met with in the reparative process and in benign growths.

The specimens before the Society, therefore, are simple exostoses, or bony outgrowths; and there is nothing in their histological character which warrants any suspicion of cancer, although the disease was so often reproduced.

Medullary Cancer.—Dr. SCHILLING presented a specimen of *medullary cancer* removed from the abdomen of a lady, æt. 54 years, a native of Germany. Her health was not good during the last fifteen years. Menstruation was regular until 48 years of age; she then suffered occasionally from uterine hemorrhage; and for two years experienced difficulty and pain in passing her stools. The bowels were found adherent to the tumor, which presented irregularities on its surface; the rectum was involved; its origin was evidently from the left ovary.

Cancerous Tumor of Thigh.—Dr. VON ROTH exhibited a *cancerous tumor*, removed from a woman, 45 years of age. It was first observed, six months ago, on the inner portion of the thigh; six weeks ago the glands in the groin became painful and enlarged. He removed it on Friday. The microscope gave evidence of its cancerous nature.

Membranous Croup.—Dr. KRAKOWISSEK presented a *specimen of membranous croup*. He was called to the patient at noon yesterday; the respiration was extremely labored, pulse 140, and there existed evidently a pressing necessity to perform tracheotomy; but he had no instruments at hand. He cauterized the throat, the child immediately grew worse, the face blue, and veins distended. A lancet, with difficulty, was thrust into the trachea; bloody serum gushed out; the patient died in twenty minutes. The membranous exudation covered the whole extent of the larynx and fauces, the lungs were emphysematous.

Dr. VAN BUREN thought the obstruction existed at the crico-thyroid space, and suggested that if the trachea had been opened the result might have been *different*.

Dr. BATCHELDER suggested that, in performing the operation of tracheotomy, the incision through the skin should be transverse. Ample space for completing the other steps of the operation would be secured, and the wound easily healed by position alone in cricoid space.

Rupture of Bladder.—Dr. STEPHEN SMITH then presented a specimen of *rupture of the bladder*.

Mr. McA., æt. 38, Irishman, of very intemperate habits, was admitted to the wards of the second surgical division of Bellevue Hospital, April 7, 1855. From his previous history it appears that, on the evening of the 3d inst., while intoxicated, he received a kick in the lower part of the belly, which gave rise to severe pain, and an immediate and ineffectual effort to pass water. He threw himself upon the floor, complained bitterly of the pain in the lower part of the abdomen, and accused his antagonist of killing him. He passed a wretched night, alternately lying down, and rising to pass his urine. On the following morning a Dispensary physician was called in, who found him dressed and sitting up, and complaining only of the retention of urine. His pulse was natural, and his general symptoms not indicative of any serious injury; the hypogastrium gave evidence of no unusual distension of the bladder, and there was no marked tenderness of the abdomen. Not having a catheter with him, the physician directed McA. to go to the Dispensary at the surgeon's hour, and have the water removed by a catheter. He went accordingly, a distance of nearly half a mile, leaning upon the arm of his wife, and walking in a semi-erect attitude. The surgeon drew off nearly a pint of clear urine. This operation gave considerable relief to his most urgent symptom, and he returned home with much greater ease, walking nearly erect. During the day he began to suffer from irritability of the stomach, retching, and vomiting, and succeeded in passing voluntarily some bloody urine. He passed a restless night, the vomiting now being the severest symptom. During the second day he continued vomiting, but passed his urine in small quantities. On the morning of the third day the Dispensary physician again visited him, and drew off his water. He was complaining only of excessive vomiting. During the third and fourth days he continued to vomit, but passed his water in sufficient quantities to relieve his distress.

On entering the hospital he was in a very prostrated condition, and complained again of retention of urine. A catheter was readily passed, and removed about a pint of water, which relieved him. On the following morning he suffered greatly from irritability of the stomach, but had again succeeded in voluntarily relieving his bladder of its contents. There were no external marks of injury, and no marked tenderness over the abdomen, which was, however, tympanitic. His water was drawn off in the evening with the catheter in less quantity than before. He was in a very low condition, and died during the night.

On making a post-mortem examination, a gallon or more of serous fluid, having no urinous odor, was found in the peritoneal cavity. There were no signs of inflammation in the abdominal cavity, nor plastic exudation, or even unusual injection of the peritoneum. The bladder was found firmly contracted, having a vertical rent in the centre of the superior part of its posterior wall, an inch in length, involving all its coats. The opening was patulous, leaving the passage from the cavity of the bladder to the peritoneum perfectly free. The mucous membrane of the bladder partially filled the rent; the peritoneum surrounding the rupture was somewhat injected, and the mucous membrane of the bladder exhibited several ecchymosed patches. No other morbid appearances were observed in the body.

Ulcer of Tibia.—Dr. MARKOE referred to a case of *ulcer of the tibia*, presented by him some time ago. He wished to complete its history; it was undoubtedly malignant, the disease having reappeared in the groin.

Adhesion of Soft Palate to Fauces.—Dr. DETMOLD exhibited a patient suffering from the effects of adhesions formed about the fauces by the soft palate

consequent upon sloughing. The patient was a boy, about 12 years of age, and had suffered from the disease of the palate two or three years previously. He now has dyspnoea and aphonia, the latter having existed about six months. The soft palate is perforated, and to the feel presents only prominences; it is painful and intolerant of pressure. The question of treatment is most important. Is it not better to wait for more urgent symptoms, and then perform tracheotomy, than attempt to relieve his present condition by an operation?

Dr. CLARK recollected to have seen a similar case in a young girl at Bellevue, but the ulceration was much more extensive; there were no urgent symptoms in her case.

Dr. MARKOE mentioned a case of the same kind, on which Dr. Buck operated at the New York Hospital.

Poisoning by Arsenic.—Dr. FINNELL exhibited the *stomach* of a man, who took an unknown quantity of arsenic, and was found dead in his bed. Arsenic was detected in the stomach by the proper tests.

Hæmatemesis.—Dr. F. also exhibited the *stomach* of a boy, æt. 15 years, of previously good health, who, being taken very sick, had administered to him a dose of salts, soon after which he vomited blood. He died the same evening. On *post-mortem* examination the stomach was found half filled with fluid, and the mucous membrane had a dark, and in some portions a black appearance. There was great congestion of the internal organs, and hæmorrhagic effusion in the kidneys.

Dr. CLARK regarded the dark color as due to the natural fluids of the stomach, the change being produced by the gastric fluid. He was led to this conclusion from observing the difference in the degree of color in that portion of the organ where the fluids lay.

Dr. DETMOLD remarked that large doses of epsom salts sometimes produced sudden collapse and death; he had known instances of this kind; death under these circumstances resembled that by cholera.

Strangulation—Rupture of Bowel.—Dr. ISAACS related the case of a child, 3 days old, which was seized with severe pain in the abdomen; great swelling of the belly followed, with obstinate constipation, and it died ten hours after. On examination, the cavity of the peritoneum was found filled with blood, fluid and coagulated, which was found to proceed from a rupture of the bowel occasioned by a strangulation from invagination; the rent was one-fourth of an inch above the point of constriction.

Miscarriage—Fatty Degeneration of Placenta.—Dr. METCALFE presented a *fœtus* with its *placenta*, discharged at about the fifth month. The patient was 35 years of age, and had twice miscarried; the first occurred suddenly at night, without any symptoms, at the third month. She was this time seized with chills, which recurred regularly at a certain hour, two weeks before her miscarriage. She recovered from those symptoms, but, on rising one morning, she had some uterine hæmorrhage; she remained quiet for some time with relief, but, on attempting to rise again, the flow of blood was greatly increased. There was no pain accompanying the hæmorrhage, and the only treatment indicated and followed, was rest and an anodyne injection. These did not prevent a miscarriage, which took place on the following day.

On examination of the placenta microscopically, it was found to have undergone fatty degeneration, and gave evidence of the origin of the hæmorrhage which had occurred. This hæmorrhage seemed to be due to inflammation, the result of which was a great increase of fibre-cells. The patient is very susceptible to conception, and the question of practical importance is, how can the recurrence of this change be prevented?

Dr. CLARK inquired if there was not a liability to mistake fibre cells at the fourth month. The hæmorrhage was not necessarily due to inflammatory congestion, but might depend upon fatty degeneration of the placental ducts, to which there was a great tendency in these cases of fatty degeneration. The fibre cells may be due to the process of growth, and not inflammation.

Dr. METCALFE replied that the fibre cells were greatly increased at the point where the hemorrhage occurred; he had often examined these specimens, but never saw anything like this.

Renal Dropsy.—Dr. METCALFE presented the kidney of a patient who had died of general anasarca, and gave the following history, with microscopical drawings:—

Peter Brown, a native of Holland, seaman, was admitted to the New York Hospital, March 19th, suffering with general dropsy and dyspnoea.

The patient was a robust man, in appearance, 45 years of age; and up to the commencement of his present illness, had led a very healthy and temperate life. Three months before admission to the Hospital, after having left the Cape de Verde Islands, on an indirect homeward voyage, he had noticed a failure of appetite, debility and general swelling. It was not remembered at what part of the body this latter symptom commenced. He was disabled from the performance of his duties, and was obliged to lie in a small uncomfortable berth in the hold of the vessel for two months before reaching New York, living on tea and coffee, salt meat and ship biscuit. He was thirsty, and drank a great deal of water. There had been no complaint of headache, no pain across the loins, no disturbance of circulation. The bowels had been constipated, the urine not materially changed in quantity, the skin habitually harsh and dry.

On admission, it was noticed that the dropsy was great, effusion having taken place into the peritoneum and pleural sacs, as well as into the cellular tissue of the whole external portions of the body. There was oedema of the lungs, as shown by the existence of generally diffused crepitant rhonchus, without dulness on percussion. The skin was of a dull whitish color, quite dry, and a few small purpuric spots existed on the right thigh. There was the common dropsical erythema above the ankles. There was not and had not been any sponginess of the gums, or disposition to hemorrhage from them. Respiration, 15 to the minute, was sighing and labored, pulse 96, small, regular. Bowels torpid, urine of natural quantity, acid, without sediment, healthy in color. Sp. gr. 1011. Heat and nitric acid gave no sign of albumen. The microscope, on examining the lower strata after several hours' rest in a test-tube, gave negative results, except a few yellowish crystals of lithic acid.

The heart, on physical examination, afforded nothing abnormal, beyond weakness of its sounds. The limits of the liver were not different from those of health.

In view of the prostrated condition of the patient, he was put upon the use of the Hospital diuretic (squills, senega, carbonate of ammonia), and the legs were punctured in ten or twelve places on each, with the point of a lancet. Gin toddy, milk punch and beef tea were ordered as support and stimulants.

After the second day the anorexia increased so much, and he complained so of heartburn, caused by the gin, that lighter nourishment was substituted, and the alcoholic stimulus withdrawn. Notwithstanding the very copious flow of serum from the punctures, by which the abdominal, scrotal and general anasarca was diminished greatly, the dyspnoea and pleural effusion increased. His strength continued to fail, and on the 30th of March, eleven days after coming under observation, he died by exhaustion and apnoea.

Daily examinations were carefully made of the urine, which presented no characters different from those noted on entering the service. The quantity continued normal, and the sp. gr. 1011.

Post Mortem.—At the post mortem examination, there was found effusion, of moderate amount, into the pleura; lungs healthy, excepting general oedema of the parenchyma and carnification of lower edges from pressure. Heart weighing 17 ounces, much covered with fat; valves healthy and sufficient; aorta, for a foot from origin, dilated, thickened, atheromatous. Liver healthy and normal in size; gall-bladder very much distended with dark greenish bile.

The kidneys of normal size, pale whitish in color, allow the capsule to be peeled off with the greatest ease, leaving the surface of the organs of a mottled form and red color, and very granular. On section, the atrophy of the cortical substance is striking, in many places allowing the bases of the pyramids to approach within half a line of the capsule.

On examination by the microscope, there is seen an unusual quantity of fibrous tissue; the renal cells are studded thickly with fine oil globules rendered very evident by treatment with sulphuric ether. The Malpighian bodies, in some parts normal, are in others distended by effusion into their capsules, and have the tufts pressed towards the sides or centre, and very much atrophied. Albumen was found in urine taken from the bladder after death.

This case was admitted to the Hospital just before the clinical visit. It was shown to the students as an instance of renal dropsy; the diagnosis being founded on the absence of signs of hepatic or cardiac lesion, the waxy color of the skin, the extension of the dropsy to the whole body, and the low specific gravity of the urine, with no excess of quantity in the excretion. It is usually deemed conclusive evidence against the existence of Bright's disease if the urine be examined on several occasions, and found free from albumen. The present case, with several others brought before the Society at former meetings, will prove that this evidence, as usually taken, is not entirely trustworthy. Had it not been for the tests applied to the urine found in the bladder at the autopsy, it might have been cited as a case of chronic granular nephritis, without albumen existing in the renal secretion.

Tumor in Ductus Communis Choledochus.—Dr. MACREADY exhibited a liver taken from an old man, who entered Bellevue Hospital in a very prostrate condition, with no marked symptoms, other than emaciation, jaundice, anxious countenance, pain in the right side, and a large liver. At the *autopsy* it was found that the enlargement of the liver was due to closure of the common duct by a tumor developed beneath the mucous membrane. The hepatic ducts were in consequence enormously distended. The tumor appeared to be polypoid, and produced below the union of the cystic and hepatic ducts, and from the mucous membrane, completely filling the tube.

Dr. CLARK observed that the enlargement and color of the liver were interesting, the color was the bronze, often considered characteristic of remittent fever. It did not appear, however, that this patient had had remittent fever. Did the enlargement of the ducts then from obstruction give rise to this appearance? He believed it did. The color was due to a dark brown material, consisting of scales, granules, crystals, or crystalloid bodies, and is the same as that found in remittent fever. This matter is the hematine of the blood which is effused, and though certainly to be found after remittent fever, is not peculiar to it. It is called by Virchow hematoidine, by Lebert pseudo-melanose, hematic element, &c. It has a variety of colors, which indicate a change probably completed in the black. The black has been analyzed with different results as to the amount of carbon which it contains. It is soluble in nitric acid, but cannot be precipitated. This color cannot be considered a sign of remittent fever. It appears yet uncertain whether the bronze is found exclusively in remittent fever.

Dr. MOSIS stated that in the remittent fever on the Rio Grande, this bronze color was always found.

Hydatid Cyst of Liver.—Dr. MACREADY also presented a portion of a tumor removed from a liver, having a nutmeg appearance, which was regarded as an obsolete hydatid.

Dr. CLARK said the tumor was about the size of the end of the thumb, it contained a sac having a fine lining, and partially filled with dead animal matter; it was a proper hydatid cyst, and contained three echinococci; the original hydatid was destroyed; the hooks of this animal, generally about 36 in number, and very indestructible, could not be found.

BIBLIOGRAPHICAL NOTICES.

ART. XII.—*An Essay to prove the Contagious Character of Malignant Cholera; with brief instructions for its Prevention and Cure.* By BERNARD M. BYRNE, M. D., Surgeon U. S. A. Second edition, with additional notes by the author; pp. 160. Philadelphia: Childs & Peterson, No. 124 Arch Street, 1855.

"Is it *smittle*, docthur?" is the first interrogatory put to the physician by a large, and in many respects a very undesirable portion of his constituency, in almost every case of sickness to which he is called. And it is important that he be able to give a categorical answer to such a question, founded on a judgment based upon his own observations, or those of competent and reliable persons who have had observation and experience.

We had intended to examine into the merits of Dr. Byrne's book somewhat at length, but want of room compels us to forego that pleasure. The object of the work is set forth in the title. Dr. Byrne is a firm believer in the doctrine of contagion, and he brings forward some very plausible, if not convincing arguments in support of his views. In spite, however, of the attractive style and the logic of Dr. Byrne's essay, we feel constrained still to adhere to the views held by the large majority of the profession, viz: that cholera is not contagious in the sense of the word that smallpox is. We believe that confined air, filth, the depressing influence of fear, and various local causes, may and do tend to increase the disease, but from our own reading and observation, we cannot admit of its *contagious* nature.

Dr. Byrne's opportunities for observation, we should think, were too limited to give great weight to his opinions. Men who have seen hundreds of cases where he has seen one, are quite as firm advocates of the non-contagious, as he is of the contagious nature of the disease.

We are not sorry, however, that the book has been written, and heartily commend it to the attention of those who wish to examine a logical and well-written essay on Dr. Byrne's side of the question. The first edition of the work was published in 1833.

ART. XIII. *A Practical Treatise on the Diseases, Injuries, and Malformations of the Urinary Bladder, and Prostate Gland, and the Urethra.* By S. D. GROSS, M. D., &c. &c. Second edition, revised and much enlarged, with one hundred and eighty-four illustrations, pp. 925. Philadelphia: Blanchard & Lea, 1855.

THE physician who would have a well selected and useful library, must make it up in great part of monographs. We possess excellent treatises on

the heart, the liver, the testis, the eye, ear, &c.; but, until Dr. Gross assumed the task, we had no systematic work on the urinary apparatus. This is the more remarkable in view of the importance of this apparatus as one of the principal emunctories of the body.

That Prof. Gross has done his work in a manner creditable both to himself and to the literature of his country, was admitted by all, we believe, both at home and abroad, in respect to his first edition, which was much less perfect than the present. Indeed, in the present state of the science of medicine Dr. Gross' work seems to leave nothing to be desired in the way of a perfect treatise on the subjects of which it treats, and it should grace the library of every physician who is desirous of availing himself of all the knowledge that is accessible in the various departments of his calling. There is many a physician's library in the land in which a hiatus, that no doubt has been often *felt* to exist, will be well filled when this work is procured.

It is not, of course, our province to enter into a critical examination of the work, and we conclude our observations respecting it with the remark that we regard it as one of the most useful books in our library.

The publishers deserve great credit for the elegant style in which the work is got out.

* * We have on our table a number of pamphlets which we had intended to notice this month, but cannot for want of space. Among these, we may mention here *Godey's Lady's Book* and *Graham's Magazine*. To those of our readers who desire to furnish their families with a monthly containing fine embellishments, and a superior order of light and historical reading, we cheerfully recommend either or both of these works.

The *terms* are \$3 00 for single copies, two copies for \$5 00, &c. Both are published in Philadelphia.

EDITORIAL.

NEW YORK ACADEMY OF MEDICINE—TRACHEAL CATHETERISM.

A SUBJECT of unusual interest and importance to our profession, has been under discussion during the past month in this institution. On the 6th of December last, Dr. Horace Green, of that city, in a paper which he read to the Academy, claimed to have performed the extraordinary operation of catheterism of the trachea and larger bronchial tubes with such facility and success as to be able to inject a solution of argent. nitrat. into the pulmonary cavities at the upper part of the lungs, on either side, as might be required. This startling announcement was apparently so well fortified by cases (the details of which were minutely presented), and reference to several well-known professional gentlemen as witnesses of the operation, that there seemed to be no room for doubt; and, to use an expression of some of the members, "a new era in practical medicine appeared to have dawned." The confidence with which these statements were made, coupled with the general acquiescence in, not to say conviction of, the truth of the long repeated assertions of the same gentleman, that sponging the larynx and trachea was an easy and daily performance, from which great benefit in the treatment of diseases of the air-passages had been obtained under his hands, went far to confirm the reputation of the reporter, and to remove, in some measure, the prejudices which had existed in many minds against him.

Dr. Green expressed an entire willingness to submit his statements to the test of practical investigation by the Academy, and accordingly a committee was appointed to examine the subject and report at a future sitting. The committee consisted of Professors Willard Parker and A. H. Stevens, Drs. Isaac Wood, John O. Stone, James Anderson, and J. T. Metcalfe, and Professor Barker; the latter a colleague of Prof. Green, in the Thirteenth Street Medical College. This selection met the entire approval of Dr. Green. The committee have spent the time since the original paper was read, in a patient and careful scrutiny of the subject in all its details. They have experimented upon thirty-eight cases,

the particulars of which, together with the results of their observations and reflections, they give in an elaborate report which was presented to the Academy at the regular meeting in June.

Some of the patients experimented on were under Dr. Green's private care, and were treated in his office; the others were inmates of Bellevue Hospital, and were operated upon, some by Dr. Green, and others by other members of the committee.

The results of these investigations and experiments, as reported by the majority of the committee, were as unexpected as they were interesting to the Academy. They had every appearance of having been conducted with care and candor, and perfect fairness—at least no intimation was given either in the report, or by Prof. Green, at the meeting at which the report was read, of any exception to any act of the committee in any part of their examination. We need not occupy space in describing the arrangement of the report, and will content ourselves with a brief statement of the general result at which the committee arrived. They first discuss the practicability of passing a catheter or curved tube into the larynx, through the vocal chords, and into the trachea. They show that to do this, there must necessarily, except in some very rare instances, be produced the same rational signs as are well known to follow the introduction of foreign bodies generally; such as partial suffocation, venous turgescence of the face, protrusion and staring of the eyes, spasmodic action of the respiratory muscles with great anxiety not easily allayed, husky voice, &c.

Now the report declares that, in but one of the thirty-eight cases experimented upon, were these symptoms produced in such a degree as at all to justify the conclusion that the tube had passed even into the larynx, much less into the trachea; on the contrary, in several instances in which Dr. Green himself passed the instrument and declared it to be in the trachea, vomiting took place through the tube, with other proofs of its having been passed into the cesophagus. And this the committee believe to have happened in a great majority of the cases; leaving the inference to be drawn that in many in which a solution of nitrate of silver is said to have been injected into the bronchi, it has been passed into the stomach instead.

Two forms of instruments were used, one with a larger curve than the other, and the following are the numerical statistics as

given by the committee in reviewing the cases reported upon by them; viz: in thirteen cases in which the large curved catheter was used, it was successfully introduced in eight cases, and failed in five cases; in thirty-seven cases where the small curved tube (that chiefly employed by Dr. Green) was used, three only were successful, while in thirty-four there was complete failure to introduce the tube; in eighteen cases in which the sponge-probang was attempted to be introduced into the trachea, as has been frequently asserted to be an easy operation, *it did not succeed in a single instance*, if any reliance whatever can be placed upon the well-known rational signs. It was not denied, however, that it may be made to enter the larynx.

The report then discusses the "*cui bono*" of the operation, admitting it, for argument's sake, to be practicable and available in any number of cases. On this point there was very little opportunity for investigation, one case only of its effects being related. In this case about two drachms of a solution of nitrate of silver (Θij to the ℥j) was injected through the tube into the trachea of a patient in Bellevue Hospital; death ensued in less than twenty-four hours afterwards. The autopsy showed extensive tuberculous disease, with cavities in the upper sections of the lungs, and the bronchial tubes containing a tenacious membranous looking material, which plugged and rendered them impervious to air. The patient was a feeble man, though prior to the operation he had not been confined to his bed.

We believe we have given above, though very briefly, and drawn only from memory, the main points of the report. The report was followed by a paper from Prof. Barker, who dissented from the majority, and presented his document as a quasi minority report, though he stated that its imperfections, owing to the brevity of the time allowed him to prepare it, would not permit it to receive that title. It was, perhaps, fortunate for him that he denied it that position, for a more unprofessional document it has rarely been our lot to listen to. It consisted mainly of some criticisms upon the proceedings and deductions of the committee, couched in not very courteous language, and embraced in its evidences of the practicability and utility of introducing the tube and injecting nitrate of silver into the bronchi, a number of certificates from non-professional persons, patients of Dr. Green, which stated

that the tube and solutions had been introduced into *their* throats and lungs, and they were improved in health thereby; a mode of argument in common use as puffs for quack remedies in the daily papers, but sadly out of place in a scientific discussion.

An animated discussion followed, in which some of the historical cases quoted by Professor Barker, in proof of the feasibility of catheterism of the trachea, were analyzed, and made to prove that even so distinguished a surgeon as Dessault must, or at least might, have been deceived. The upshot of the whole matter appeared to be, not so much that deception had been practised by Dr. Green and others, who asserted the operation to be of easy performance, as that the operators themselves had been deceived; that the instruments, both catheters and probangs, had, doubtless, in a majority of instances, found their way into the œsophagus instead of the larynx. One cause of this deception, it would appear, has arisen from the feeling of constriction on the withdrawal of the instrument, which has been supposed to be given by its return through the glottis, whereas it is more likely to have been from the lower pharyngeal muscles.

The discussion was protracted to near midnight at the first meeting, when it was agreed to hold an extra session for its continuance, two weeks from that time, Professor Barker engaging to prepare his paper in proper form, to be submitted as a minority report.

At the adjourned meeting, the majority report was again read, together with notes from Dr. Anderson and Professor Stevens, who had not signed the report, the latter chiefly because he had been present at only two sittings of the committee. He asserts in the note that he had seen the tube introduced several times, but cannot affirm to its being passed into the right or left bronchus at will. Dr. Anderson assented to the general correctness of the report, but thought sufficient attention had not been given to the question of the practicability of the operation.

Professor Barker now submitted his minority report in proper form, and in justice, it must be remarked that time and reflection had evidently wrought a great change, if not in his views, at least in his mode of dealing with the subject, for it is scarcely credible that two papers of such totally diverse characters could have

emanated from the same brain. He had evidently profited by criticisms upon the style and matter of his first production.

His paper reviews the history of catheterism of the air-passages, rather more at length than was done by the majority report, a point of medical literature only, and then proceeds to criticize the character of the investigations made by the committee at Bellevue Hospital, regarding them as unworthy of consideration; that the patients were not prepared for the operation by previous treatment, and, consequently, were more irritable and excited (though the committee discovered the same irritability in those who had been frequently operated upon by Dr. Green). He then reviewed the cases in detail as reported, and comes to the conclusion that the success was far greater than the committee state it to be, amounting to fifty per cent. instead of eight or ten per cent., and objects to the adoption of the "rational signs," as laid down by the committee, as reliable evidence whether the instrument has passed into the trachea or not, citing some authorities in support of that position; but, as it appears to us, he fails to give any other satisfactory evidence of the incorrectness of the committee's conclusions. The objectionable "certificates," which were presented at the former meeting, were now wholly omitted, and their place occupied by one from a medical man in Vermont, who assured the Academy that he is in the frequent practice of introducing the catheter and injecting the caustic solution *into his own trachea*, and can readily tell when it goes down the "wrong way," *i. e.*, into the œsophagus.

These papers occupied so much time in the reading, and their character was such as to preclude further debate on this occasion; consequently, after ordering all the documents to be printed as part of its *Transactions*, the Academy adjourned the discussion until the next regular meeting, on the second Wednesday in July. The interest, we might almost say *excitement*, felt in the subject by the profession at large, as well as by fellows of the Academy, was manifested by the crowded audiences assembled on these occasions, the hall being filled to repletion, especially on the last evening, and the anticipated further discussion will, doubtless, be equally well attended, while we are happy in the belief that as heretofore, so in future, the true dignity and decorum of our profession will suffer nothing from the valiant encounters of our

brethren of the New York Academy of Medicine, and that the sole aim of the members of this popular and valuable institution will be to elicit the truth, and nothing more or less.

We expect to keep our readers apprised of the result of future discussions on this interesting subject.

CONSULTATION WITH OUR READERS.

OUR readers will perceive that we present them with another original number this month, to the exclusion of a great deal of editorial and other matter. Although we have a number of "important" topics in our minds, which we hope some day to find vent for, we are content to give way for the accommodation of such writers as honor the REPORTER by making it the vehicle of their communications to the profession. We are sorry, however, that we are not able to present our readers regularly our monthly summary of medical intelligence, and also make selections from our numerous valuable and valued exchanges. Indeed, it is quite a trial to be compelled to lay these aside month after month, for we desire to reflect the spirit of the medical press in our columns, as well as give original essays. In this dilemma, *what shall we do?* We cannot ask our friends to withhold their communications—we do not desire it. As the demand on our columns has increased, we have enlarged the REPORTER, and still it is too small. We promised our readers nearly six hundred pages in the present volume, and have been compelled to give them nearly four hundred pages already.

It is evident that with the present popularity of the Reporter, it ought to be nearly as large again as it is. This state of things leads to a few remarks on

WHAT WE WANT TO DO.

We want the REPORTER to represent the great heart of the profession in this country, untrammelled by any private or corporate interest. To this end it should be sufficiently large to accommodate writers in all sections of the country, and leave room for selected articles.

We want to have a corps of *interested* correspondents in every section of the Union, who will furnish us with facts for a complete editorial department for the whole country, including sta-

tistical tables of mortality in our principal cities. But we cannot detail all our wants. We think we understand what a medical journal ought to be, and are anxious to bring the REPORTER up to our beau ideal. Already indebted to friends who have interested themselves in increasing our subscription list for the ability to do what we have done, WE ASK THEM IF THEY WILL NOT RENEW THEIR EFFORTS, and we ask ALL our subscribers and readers to interest themselves in extending our circulation, *always remembering, however, that we want NO SUBSCRIBERS who do not pay in advance.* The REPORTER will be just what its friends please to make it. If they will give us two or three thousand subscribers, it shall be not one whit behind the highest priced journals.

THE NEW YORK PATHOLOGICAL SOCIETY.

The official report which we publish of the proceedings of this important society is, we believe, the only *full* report of its transactions that is published. These pathological reports constitute some of the most interesting and valuable matter that is published in our journal, and we are glad to find that their value is appreciated by our readers and exchanges.

We have a number of valuable communications on hand, which will be published as rapidly as possible. Among them are papers from Drs. W. J. C. Duhamel, R. Douglass, Wm. Johnson, and J. Honeyman.

If any of our readers have been deceived by the pretensions of B. Keith & Co., of New York, it is not our fault. We understand that an analysis of their "Positive Medical Agents" has proved that they are so impure as to be utterly inert. An analysis is to be published in a forthcoming number of the *American Journal of Pharmacy*.

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THE
NEW JERSEY MEDICAL REPORTER.

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No. 8.

ART. 1.—*History of the American Medical Association.*
BY ONE OF ITS MEMBERS.

THE prominence given to the subject of constitutional amendments, in the meeting of the Association at Richmond, Va., was the means of attracting to it much attention on the part of the profession generally. Hence, we find it a frequent topic of discussion during the succeeding year, both in the medical periodicals and local societies. That the reader may understand more fully the merits of the subject, it is necessary to state that the Constitution of the Association provides for the admission of permanent members, of delegates from medical societies, colleges, and hospitals, and of members by invitation. The permanent members, however, consist of those who have served as delegates, or who have been elected by a *unanimous* vote, and have not the privilege of voting in the meetings of the Association.

The members by *invitation* are, by the Constitution, composed only of such members of the profession as should attend the annual meetings from sections of the country "not otherwise represented at the meeting," and who should be recommended by one or more of the regular members of the Association, and their connection with the Association ceased with the adjournment of the annual meeting at which they were present. The plain and unmistakable intent of this clause of the Constitution was simply to provide a way by which such members of the profession as should choose to attend the annual meetings from remote districts of country, from which no regular delegates had been appointed,

could be introduced, and permitted to take part in the proceedings of the Association.

At several of the meetings, however, it was made to cover the admission of members by *invitation* directly from the vicinity of the place of meeting, and from districts otherwise fully represented by delegates from medical societies, &c. These plain violations of the true intent of the constitutional provision, created much prejudice against the rule itself, and led to several attempts to amend, or expunge it altogether. Hence, in the propositions which were recommended for adoption, as amendments to the Constitution, at the meeting in Richmond, this provision was to be wholly omitted. If we remember, however, that there are still extensive regions of country, especially in the more recently settled States and territories, in which neither medical societies nor colleges exist, and yet from which a few reputable members of the profession might come to the annual meetings, we shall see good reason why a provision should exist by which they could be made temporary members, and allowed to participate in the proceedings. The fault hitherto has not been in the rule, but in the *practice* under the rule. The great body of active members of the American Medical Association was designed by the Constitution to come under the second class named, *i. e.*, *delegates* from medical societies, colleges, and hospitals.

Each State, district, or county medical society, possessing a regular and permanent organization, was allowed to send *one delegate* for every *ten* of its resident members, and an additional delegate for a fraction of more than five members. Each regularly organized medical college was permitted to send *two* delegates, and each hospital containing one hundred beds for the sick was allowed two.

Such were, and still are, the constitutional provisions in relation to membership in the Association. It was manifest, in the meeting at Richmond, that two distinct parties sought to alter these provisions. The first, represented by Dr. Hays, as chairman of the Special Committee appointed at the annual meeting in Charleston, simply objected to the inequality in the ratio of representation, and proposed to remedy it by restricting the number of delegates from each college and hospital to *one* annually, and from each *State* medical society, in States containing district

and county societies, to *four* annually, while the ratio from local societies and associations should be unchanged. The second party, represented by Dr. Yardley, of Pa., who was a member of the same committee with Dr. Hays, not only objected to the present *ratio* of representation, but objected to *any* representation, except from county, district, and State societies. It was claimed, by this party, that the admission of delegates from colleges and hospitals not only led to an inequality in the ratio of representation, but recognized and perpetuated the unnecessary distinction between professors and laymen in the profession. Hence, they proposed, on the one hand, to strike out all provisions for the reception of delegates, except from county, district, and State medical societies; and, on the other, to make "all the members of the medical profession who are attached to properly organized county, or district, and State medical societies throughout the United States," nominally members of the Association. It will be remembered that, at the meeting in Richmond, the whole subject was again referred to a special committee, of which Dr. F. Campbell Stewart, of N. Y., was chairman. This committee, in attempting to unite the views of both the parties named, reported the propositions which have already been quoted at length, and which were recommended for adoption at the annual meeting to be held in New York.

The objection urged against allowing each medical college, with a faculty of only six or seven members, to send *two* delegates, while it requires *twenty* members of the profession, incorporated in a medical society, to send an equal number, was so plausible in itself, that the whole series of proposed amendments seemed to meet with general favor. They were commended by some of the medical journals, and discussed and approved by several local societies in different sections of the Union. On the other hand, a few made decided opposition to their adoption. By such, it was claimed that the adoption of the proposition to make all who are, or might become members of the local medical societies, members of the American Medical Association, would not only greatly lessen the importance and value of such membership, but would also "enable every brazen-faced pretender in medicine to arrogate to himself the title of MEMBER of the Amer. Med. Association." It was justly claimed that one of the import-

ant advantages derived from all social organizations in the profession, was the stimulus they afford to individual ambition or emulation. The desire to occupy an honorable position in the estimation of our fellows, is one of the most powerful incentives to individual industry and good conduct. If, to gain a membership in the great national organization, it is necessary to have local societies—and necessary that individuals should not only become members thereof, but members in such standing as to command the suffrages of their fellows—it constitutes a very strong inducement both to social organization and individual improvement. It was also claimed, that though the present ratio of representation was apparently unequal, yet practically no evils had resulted from such inequality, while there were many reasons against the proposed change. One of the leading articles which appeared during the year in opposition to the proposed amendments, was from the pen of Dr. N. S. Davis, of Chicago, and contained in the *Northwestern Medical and Surgical Journal*, for March, 1853.

In reference to the ratio of representation, Dr. Davis says:—

“At the organization of the Association, it was very generally thought to be an object of great importance to secure the active and hearty co-operation of the medical colleges. The free intermingling annually, of delegates from those institutions, with others from the great mass of the profession, by which each would become more familiar with the wishes, embarrassments, and advantages of the other, was thought to be the most desirable and certain method of securing this important end. The framers of the Constitution, having much more reference to the accomplishment of a great object than to the attainment of a nice numerical equality in the ratio of representation, provided for the admission of *two* delegates from each college and hospital. Has anything occurred in the practical working of the provision that calls for a change? In casting a hasty glance over the list of delegates in attendance at each meeting of the Association since its formation, I find the ratio of representation to be substantially as follows, viz:—

Members enrolled as Delegates in	1847.	1848.	1849.	1850.	1851.	1852.
From Societies	178	208	375	208	182	226
From Medical Colleges	59	45	51	34	30	39
From Hospitals	2	24	20	13	10	9
Total average from Medical Societies during six years . .						230
" " " Colleges " " " . .						42
" " " Hospitals " " " . .						13

"Certainly these figures furnish no evidence that medical schools have hitherto been too largely represented, the actual average number in attendance having scarcely exceeded *one* for each school in the Union. Hence, if they are allowed any representation, the benefits to result from reducing their ratio are not very apparent."

Nothing could demonstrate more clearly the practical inutility of making any reduction in the ratio of representation from the colleges than the above figures. In regard to the proposition to impose certain conditions on the colleges, to be complied with before being entitled to any representation, the same writer remarks as follows, viz:—

"These conditions are all right enough in themselves, but entirely out of place in the *Constitution* of a great national association. They constitute unnecessary details, that almost inevitably involve the Association in the most glaring inconsistencies. Indeed, the very next section of this same proposed amendment affords a striking instance of such inconsistency. In this, to avoid the awkward necessity of excluding the University of Virginia, the Association is constrained, by the terms of the amendment, to acknowledge that, under some circumstances, neither *six* professors, nor *three* years' study, nor *two* courses of lectures, are necessary; and that, too, after the annually reiterated recommendation of *longer* college terms, *longer* periods of study, a *greater* number of courses of lectures, and *seven* professors. It seems to me that all this talk and hair-splitting nicety about constitutional provisions, for an association organized for the purpose of elevating and advancing the condition of one of the most learned and beneficent professions that exist in human society, involves an unnecessary waste of most valuable time; and is far better calculated to engender jealousies and divisions than to foster that spirit of liberal friendship and

noble zeal for the advancement of our science, which should extend their genial influences to the remotest corners of our country.

"While I admit that the present constitutional ratio of representation is *theoretically* unequal, yet it certainly has not, thus far, developed in practice any important abuses; and hence, instead of risking the harmony of diverse interests and feelings by constant attempts at more nice constitutional adjustments, every effort should be made to cultivate a broader liberality, a freer communion of those representing all legitimate interests, and a more patient, diffusive, and energetic spirit of scientific research. And I am fully convinced that these important objects would be more speedily and certainly accomplished, if the Association would appoint fewer committees, exact more prompt and carefully digested reports, and induce all its members to come up to the annual meetings, prepared, in the true spirit of candor and liberality, to examine every report and paper presented, for the purpose of adding whatever of interest their own experience and observation had furnished in relation thereto. Such a course, pursued in such a spirit, would not only carry the Association onward through a long career of prosperity and usefulness, but would give to all its general recommendations, in relation to medical education and literature, greatly increased effect."

It is evident, from the discussions which took place during the meeting of the Association at Richmond and subsequently, that many members had failed to perceive clearly the true relations of the Association to the profession, or the objects of its Constitution. They seemed to look upon the national organization in the same light as a representative civil government, whose acts were laws of binding import, and whose basis of representation must consequently be adjusted with the same nice care to the equality of diverse or separate interests. It seemed to be forgotten that the Association was entirely a voluntary organization, the acts of which carried with them no other force than the inherent justice of the acts themselves, coupled with the *moral* weight of the body from which they emanated; and that this *moral* weight would bear a close relation to the fulness of representation from those institutions whose interests were most involved in the movements proposed. Previous to the organi-

zation of the Association, there was no common ground on which the various interests of the profession could meet and devise measures in concert. Medical colleges had multiplied with great rapidity; State and district societies existed in only a small number of States; the standard of education, both preliminary and medical, was almost universally acknowledged to be too low, and yet the institutions of each State claimed to be equal with those of every other, and deemed it imprudent to take a step in advance. The great leading object of those who originated the movement for a national organization, and of those who framed the Constitution, was to bring the representatives of all the legitimate interests of the profession together, to establish a point of contact where mind should act directly on mind, and concentrate a power sufficient to counteract the repelling influences of sectional prejudices and the rivalry of individual institutions. Hence, instead of aiming at a close *equality* in the ratio of representation, they sought carefully for such provisions as would produce, on the one hand, the most full and free intermingling of representatives from all the regularly organized social and educational institutions in the profession; and, on the other, foster in the highest degree the spirit of scientific and professional improvement. How far they were successful, the sequel will show.

The delegates to the sixth annual meeting of the Association assembled in the Presbyterian Church, in Bleecker Street, New York city, at 11½ o'clock A. M., of May 3, 1853. They were welcomed in a very appropriate congratulatory address by Dr. F. Campbell Stewart, chairman of the Committee of Arrangements. The secretary read the list of delegates, so far as the names had been reported and registered, after which a committee of one from each State represented, was appointed to nominate officers for the ensuing year.

The number of delegates in attendance was unusually large. While the Committee for Nominating Officers were deliberating on their choice, Dr. Condie, of Pennsylvania, chairman of the Committee on Publications, submitted his annual report, together with that of the treasurer. They were accepted, and the Committee authorized to furnish the chairman of Committees on Epidemics with extra copies of their reports, at the expense of the Association; and also to send a full set of the *Transactions* of

the Association to the American Medical Society in Paris. Dr. Marshall Hall, of London, being present, he was invited to take a seat on the platform with the officers. The annual address was now delivered by the President, Dr. Beverly R. Wellford, of Virginia.

The address reviewed fully and ably the origin, progress, and benefits of the Association, with the objects which should still engage its attention. On motion of Dr. Hays, of Pennsylvania, the thanks of the Association were tendered to the President, and a copy of his address requested for publication in the *Transactions*. Dr. Joseph M. Smith, chairman of the Committee on Nominations, reported the following as suitable candidates for the several offices named:—

For President.

DR. JONATHAN KNIGHT, of New Haven, Conn.

For Vice-Presidents.

DR. USHER PARSONS, of R. I.; Dr. LEWIS CONDUCT, of N. J.
DR. HENRY R. FROST, of S. C.; Dr. R. L. HOWARD, of Ohio.

For Secretaries.

DRS. EDWARD L. BEADLE, of N. Y. City; and EDWIN L.
LEMOINE, of Mo.

For Treasurer.

DR. D. FRANCIS CONDIE, of Penn.

The Committee also reported in favor of holding the next annual meeting at St. Louis, Missouri.

The report of the Committee was adopted by the Association, and Dr. Knight, on being conducted to the chair, returned his thanks, in a short but very appropriate address.

The attentive reader will have noticed that, with only one exception, the selection of President of the Association had been made from the profession in the city in which the annual meeting was being held. This practice had been so long followed that it came to be regarded almost as an established law; and hence a large portion of the profession were confidently expecting the election of Dr. Valentine Mott.

The New York delegation in the Association, however, had

presented to the Nominating Committee the name of Dr. John W. Francis.

There were some members of the Committee who denied both the justice and binding nature of the rule, which had been established merely by precedent. They claimed that its continuance would necessarily limit the highest honors of the Association to a favored few, who might chance to occupy a favorable place for an annual meeting, while all others would be excluded. The injustice of the rule and the absurdity of the principle on which it was established, were illustrated by the circumstances then before the Committee. There were then in the meeting of the Association, men whose heads were silvered over with age, who were revered at home and abroad, and who had labored assiduously to promote the interests of the Association, travelling hundreds of miles to attend its annual meetings; and yet their residence was such that they must be excluded from all chance of promotion. On the other hand, neither of the gentlemen whose names were before the Committee, had ever taken a prominent or even active part in promoting the interests of the Association. While it was cheerfully conceded that they were both among the first and most deservedly eminent members of the profession in the whole Union, it was claimed that they had not only failed to manifest an active interest in the doings of the Association, but that Dr. Mott belonged to a college¹ whose faculty had sought, at the very outset, to defeat entirely the formation of a national organization. These circumstances, together with the fact that New York had already furnished one president of the Association, in the person of Dr. Alexander H. Stevens, who was elected at the meeting in Baltimore, induced the Committee to regard the present as a very favorable opportunity for repudiating the rule which precedent had thus far established. Hence the Committee united in the recommendation of Dr. Jonathan Knight, of New Haven, who had taken a most active and efficient part in organizing and sustaining the Association, with all its legitimate interests; and to whose age and high standing in the profession were added all the qualities of a most efficient presiding officer. During the progress of the

¹ The Medical Department of the University of New York.

annual session, a variety of resolutions were offered, some of which were discussed and adopted, but none of them possessed sufficient importance or general interest to require mention.

Interesting reports were presented from special committees, on the following subjects, viz:—

“On Acute and Chronic Diseases of the Neck of the Uterus,” by Dr. C. D. Meigs, of Philadelphia.

“On the Agency of the Refrigeration produced through Radiation of Heat as an Exciting Cause of Disease,” by Dr. G. Emerson, of Philadelphia.

“On the Causes and Pathology of Typhoid Fever,” by Dr. H. F. Campbell, of Georgia.

“On the Epidemics of Tennessee and Kentucky,” by Dr. Sutton, of Kentucky.

“On Diseases of the Hip-joint,” by Dr. Alden March, of Albany.

Dr. Gurdon Buck, of New York, read a paper on morbid growths within the larynx, and exhibited specimens to the Association. A report was also received from Dr. S. D. Gross, of Kentucky, on the results of surgical operations for the relief of malignant diseases. All these reports and papers were received and referred to the Committee on Publications, without being read in full before the Association. They may be found in the volume of *Transactions* for 1853; and contain a great amount of matter of scientific interest and practical value.

The report of the Committee on Medical Education was presented and read at length, by the chairman, Dr. Z. Pitcher, of Detroit, Michigan. This report, like those which had been presented to the preceding annual meetings on the same subject, recommended a higher standard of preliminary and professional education, and longer terms of college instruction, and contained many valuable suggestions. It, however, contained two novel features: the first consisted in a detailed statement of the organization and course of instruction adopted by the medical department of the University of Michigan, thereby making the report a useful advertisement for that particular institution; and the second, in a labored attempt to depreciate the value of clinical instruction in hospitals.

To the report were appended the following resolutions, which were adopted by the Association, viz:—

“*Resolved*, That the Association reaffirms its formerly expressed opinions on the value and importance of general education to the student and practitioner of medicine, and that it would gladly enlarge its rule on this subject, so as to include the humanities of the school, and the natural sciences.

“*Resolved*, That in the opinion of this Association, a familiar knowledge with the elements of medical science should precede clinical instruction.

“*Resolved*, That in order to accomplish the latter, the hospitals, when elevated to the rank of schools of practice, and the intelligent private preceptor, are the most efficient instrumentalities to be used for that purpose.”

The report from the Committee on Medical Literature was presented and read in full, by Dr. N. S. Davis, of Chicago, Ill. It contained a full review of the literature of the profession in the United States for the year preceding the first day of March, 1853. The writer not only claimed that we possess a national medical literature of our own, but pointed out its characteristic features, with valuable suggestions in relation to its cultivation and improvement.

The whole number of medical periodicals published in the United States was reported to be twenty-eight; of which, four are issued quarterly; six bi-monthly; fifteen monthly; two semi-monthly; and one weekly. This, together with the report on Medical Education, may be found in Volume VI. of the *Transactions of the Association*.

Dr. Joseph M. Smith, chairman of the Committee on Volunteer Communications and Prize Essays, reported that fifteen essays had been received and examined by the Committee. Twelve of these were accompanied by sealed packets containing the names of the authors, and three contained the names of the authors in connection with the essays. The Committee awarded two prizes of \$100 each, to the authors of the following essays, viz:—

The Cell: its Physiology, Pathology, and Philosophy, as deduced from original investigations; to which is added its History and Criticism. By Walter J. Burnett, M. D., of Boston, Mass.

The Surgical Treatment of certain Fibrous Tumors of the Uterus, heretofore considered beyond the resources of art. By Washington L. Atlee, M. D., of Philadelphia, Pa.

These essays, with appropriate illustrations, are embodied in Volume VI. of the *Transactions*, and occupy nearly 300 pages.

The whole volume of *Transactions* for 1853 contains 869 pages, and should certainly be in the library of every physician in the United States. The proposed amendments to the Constitution, which had occupied so much time during the meeting at Richmond, Va., and called forth some discussion in the medical journals, were called up for consideration on the third day of the session. On motion of Dr. A. H. Stevens, of New York, amended by Dr. Atkinson, of Virginia, their further consideration was *indefinitely postponed*, except the clause providing for the admission of delegates from the Medical Staffs of the United States Army and Navy, which was adopted.

The Committee on Nominations reported *twenty-five* special committees on scientific subjects, to report at the next annual meeting, and also the usual standing committees on Medical Literature, Medical Education; Volunteer and Prize Essays, Publication, and Arrangements. During the year preceding, three eminent members of the Association had departed this life, viz: Drs. Daniel Drake, of Cincinnati, Wm. E. Horner and Isaac Parrish, of Philadelphia. Concerning each of these, appropriate resolutions were adopted by the Association. During the session, invitations were liberally extended to the Association to visit freely the numerous important public and charitable institutions in New York and its vicinity; the most generous hospitality was also manifested by the members of the profession residing in the city; and neither time nor money was spared by them in their efforts to render the annual meeting a pleasant and profitable one to all. On the evening of the third day of the session, an entertainment was provided in Metropolitan Hall, which, for extent and luxuriant magnificence, has probably never been equalled in our country. The number in attendance during the session was larger than on any previous anniversary occasion. "Thirty States and Territories, the District of Columbia, the Army and Navy of the United States, and the American Medical Society in Paris, were represented in the Association. There was one

member, by invitation, from Syria, and one from Canada West. The whole number of members in attendance was 578, and the whole number of institutions represented, 170."

All the proper business of the Association was conducted in harmony and with great good feeling.

ART. II.—*An Essay on Animal and Vegetable Life.*

By JOHN B. PHILLIPS, M. D.

(CONTINUED FROM PAGE 848.)

MAN's organism is a complex aggregation of many parts. In the arrangement of bones and muscles, he is simply a mechanical apparatus, a beautiful machine.

A great portion of the labor that we perform with our hands is nothing but machine labor. Modern invention has been, and is still doing much towards taking the drudgery out of the hands of the human, and giving it to the iron and wooden machine. Even that wonderful instrument, the human voice, by means of which we speak an articulate language, is nothing but a mechanical apparatus. Art not only can, but actually has been able to imitate it, or at least approximate it.

The stomach again is merely a chemical laboratory.

The chemist can reduce the food in precisely the same manner that it is reduced in the stomach, by artificial means.

The heart is simply an hydraulic apparatus for the purpose of pumping the blood into the system.

In the act of respiration, we have a mechanical and chemical action combined. Animal temperature is sustained by a purely chemical process, the burning of carbon and the elaboration of heat in the blood, by means of the oxygen inhaled in the lungs.

Thus we find that many of the operations that were formerly attributed to an unknown mysterious principle, called vital action, are, with slight modifications, the result of causes with which we have been familiar all our lives.

But I have brought forward these things at this time more particularly to illustrate what was previously alluded to, when

speaking of vascular and cellular action. I consider it of the highest importance, and one of the chief delights and encouragements in the pursuits of science. We meet with it at every step, and every new discovery affords a fresh demonstration of the fact, viz: That nature does not abandon her *initiative processes*. In other words, she does not altogether relinquish modes of action she has employed in her lower forms; but we always find them carried forward into the higher. When she lays the foundation, she builds upon that foundation.

The law of gravitation is universal in the inorganic world. I have just shown that cellular action is the basis of the nutritive process, and is universal in the organic world.

Again, the circulation of the sap in vascular plants is maintained by the action of the leaves and a peculiar power called endosmosis at the roots; this answers all the purposes of vegetable life. But in man, where there are certain parts of the system requiring irrigation by arterial blood, 30—40—60 times per minute, this endosmotic power is insufficient. It is not abandoned, however, but takes a subordinate place, while at the head of the circulating system we find that wonderful piece of mechanism—the human heart.

Thus there is a regular ascent. The old ways are not rejected, but modified while new, and more complex parts are added.

In the fungi, the circulation is that of a simple cell. In the human body, we have not only cellular but vascular action and capillary action, endosmotic, exosmotic, and cardiac action, and many others that I need not mention, all of which are necessary for its maintenance. Here we have a great variety of actions in a small compass.

From what has been said in reference to those actions that are simply mechanical, and those that are chemical, and those again that are a combination of the two, viz: digestion, respiration, and animal heat, it will be perceived that man is indeed a microcosm.

Man is a *cumulative* animal, if the expression may be allowed; an aggregation, combination, and sublimation of an infinite variety of parts!

All nature seems to have been gleaned and sifted in his pro-

duction; and consequently the study of man is as wide as the study of nature itself.

His body is the culminating point in the material universe! What has been eloquently said of his mental, is no less true of his physical endowments. "Man is the centre of nature and echo of the universe! What nature contains scattered and in fragments is united in the person of man. Every isolated feeling, every sound in nature, is to pass through his personality and to centre in it. He is the great, perfect, and complete bell, that announces all, everything, while nature contains only parts of it, the sounds of which are dark and dull."

Beside the power resident in the primary germ of evolving from a crude plasma that blastema or nutriment, by means of which it enlarges and grows, we find it furnished with yet another of equal interest and importance. I refer to that action of germ-force as exhibited in the production of typical form, that peculiar power that causes every organic structure to assume a determinate form, and to grow up and be fashioned after an original type.

I am aware that there are seeming exceptions to this rule, both in plants and animals; among the latter, we sometimes have hybrids. But nature, ever careful of her typical forms, puts a sudden stop to this, by forbidding it to proceed beyond the first generation.

If we plant the seed of a common apple-tree, in all probability the fruit of the young will not exactly resemble that of the parent tree, but will be most likely much inferior in quality. The same may be said of many of our cultivated flowers, especially dahlias and roses, upon whose cultivation so much attention has been bestowed.

But these seeming exceptions, when examined, are found to be no exceptions at all.

Our domestic fruits and flowers are all the abnormal products of cultivation. They are not only abnormal, but diseased. We cultivate the fruit-tree with special reference to the production of fruit, without regard to the general health of the tree; and, though we thus increase the quantity and improve the quality of the fruit, the life of the tree is curtailed.

The farmers of this section of country feed their stock so as to

obtain an unnatural growth of fat; in France and Germany, they have a way of feeding geese, by which they produce an abnormal growth of liver; but there can be no doubt that, in both these cases, the health of the animal is injured.

Now we know that diseases are transmitted from generation to generation; but, circumstances being favorable, they finally disappear.

And thus it is with our cultivated fruits and flowers. Their seeming degeneration, instead of being a change of nature or species, is nothing more than a throwing off of disease, and a return to normality and health. All our varieties of apples were originally derived from the common sour crab; and the constant tendency of all apple-trees, when propagated in the natural way, is to return to the natural state.

With what modifications then that are produced by climate, by cultivation and disease, we may be perfectly assured that all classes, genera, and species, both of plants and animals, are precisely the same to-day that they were in the beginning of time.

The nutritive process only produces increase of *mass*; but the plastic power that is to give *form* to this mass is altogether a distinct principle.

This it is that requires every child to resemble its parent, having the same organs, senses, affections. The thorn will not produce grapes, nor the thistle figs. The Ethiopian cannot change his skin, nor the leopard his spots. This it is that prevents the production of the amorphous and incongruous, the unsymmetrical and incompatible. The monstrosities of the old mythology, with its dancing satyrs and singing sybils, its "hydras, gorgons, and chimeras dire," are the creations of the imagination alone.

In the Hell of Milton, the Inferno of Dante, and the Elysian shades of Æneas, they have their proper place. They belong to the land of shadows; in this upper breathing world we are perfectly secured against them by the law that like must forever beget its like.

Without this principle, the organic world would be a confused heap of chaotic materials, subject to a thousand disturbing causes in the elements around.

But it is the distinguishing characteristic of living beings that

they grow and develop themselves according to a law inherent in their own constitution, and this in spite and in derogation of the laws of matter. Living beings nullify the laws of matter to a certain extent in reference to themselves. Vital, chemical, and physical forces are continually grappling with each other! So long as the vital forces maintain the supremacy, we have life phenomena.

Hence life has been called a forced state; and a battle, and a march it is, no less physically than morally. The infant born into the world is placed as it were on the very brink of destruction! Nevertheless, by virtue of his vitality, he grows up to be the lord of creation. He lays hold of the corners of the earth, and couples the elements to minister to his necessities. The plastic power that regulates his physical growth confers upon him a form of unrivalled majesty and beauty. "A front like Jove to threaten and command! A station like the herald Mercury new lighted on a heaven-kissing hill." He moves, without a peer—the *paragon* of animals.

The pine upon the mountain-ledge towers for hundreds of feet in the air, in defiance of the law of gravitation, and all the confederate winds of heaven. The oak, whose mighty arms have wrestled with a thousand storms, still bears itself as proudly as when it reigned the king of the forest a century ago.

What are these gigantic structures but monuments of the supremacy of vital over the inorganic forces; a triumph of life on the battle-field of death! What is the beauty and symmetry of the human form, but the visible record of that plastic power imparted from the microscopic germ!

(TO BE CONCLUDED.)

ART. III.—*History of the Epidemic Scarlatina of 1844-5.*

BY WM. JOHNSON, M. D.

THE importance of recording the visitations of epidemic diseases; of marking their general assemblage of symptoms; and of detailing their most approved plans of treatment, is so obvious

as scarcely to need a comment. The subject rises in importance to us, in view of having a faithful record of the epidemic diseases of our native State preserved on the pages of our own MEDICAL REPORTER. This consideration has induced me to present the history of the epidemic scarlatina of 1844-5, as it exhibited itself in this section of the county of Hunterdon. An essay on this disease, read by Dr. John Honeyman, before the District Medical Society of Hunterdon, which received a formal vote of thanks from the society, struck me as possessing too much merit to be lost. A copy of this address I have obtained from Dr. Honeyman, and forward it, along with this article for publication in the REPORTER. The doctor's portraiture of the epidemic is faithful and graphic, and obviates the necessity of my going so much into detail as would otherwise be necessary. Dr. Honeyman's practice and my own run into each other, and the disease, of course, presented the same features to us both. I shall consequently pass by much of the semeiology, and notice other points of interest.

The epidemic commenced in the month of November, and continued to the following May. It presented every variety of shade, from scarlatina simplex to cynanche maligna; thus evidencing the identity and unity of these diseases. And, in fact, all its varieties were sometimes presented in the same family.

Although largely engaged in the practice of medicine for many years, I have witnessed only this one visitation of *epidemic scarlatina*; *sporadic* cases of this disease have fallen under my care; the disease, however, but seldom visits us, even in this form. The epidemic that I am now recording, *was the widest spread and most fearful* (not even excepting the typhoid dysentery of 1850) that I have ever witnessed. Indeed, I believe that it would have been a much easier task to have counted up the children who escaped its visitation, than those who were attacked by it; especially in those localities where it exhibited its greatest malignity. A circuit of fifty miles would hardly have embraced its ravages. I cannot, however, speak with very great certainty on this point. I heard of its extension twenty miles to the north of me, and it extended several miles to the south of me; how far on the east and west, I am not prepared to say.

Sometimes three or four in a family were victims of this fell

destroyer, and often was I deeply humbled at the impotency of our boasted art, when I beheld this disease, "killing with the certainty of the *boa upas*, and the rapidity of carbonic acid gas." I had my full share of cases, that were not amenable to any plan of treatment whatever; cases in which the blood-poison was of such concentrated virulence, that the patient's condition was absolutely hopeless at the very threshold of his disease. In one family in particular, in which I attended, four children were cut down in rapid succession. A child would be playing about the floor to-day, and to-morrow be dead. I have visited a patient one day, and left him with no suspicion that death was very near at hand, and before I could get to see him the following day, was informed that he was a corpse. I was called in consultation to visit the only surviving child of a family consisting of three children, who had been stricken down in rapid succession. This child also fell a victim to the destroyer. The rate of mortality in this disease was fearfully great, but I have no statistics to determine it with certainty; in my own practice it was at least fifteen per cent. The disease, in some localities, and even in some families, exhibited a concentrated virulence—the blood poisoning was so rapidly developed. Happily, however, the disease, in a vast many instances, presented itself with less terrific aspect. In one family of eight or nine children, who were stricken down, with the mother, one death occurred, and he a very delicate child. Some large families would be carried through the visitation of the disease without a single death, and many cases occurred of so mild a character as not to need medical aid. Yet these were exceptions. Very many families had to record the death of more than one of its members. A number of adults, too, were its victims. The disease was, in a great measure, confined to childhood and adolescence; but some cases occurred in the mothers of more than a dozen children. Persons advanced to fifty years and upwards, were occasionally attacked.

When the patient emerged from the immediate effects of the blood poisoning, he was liable to inflammatory enlargement and suppuration of the salivary glands, particularly of the parotid and submaxillary, and he was often cut off after protracted sufferings (sometimes two or three weeks) from constitutional irritation. I saw one instance where there was an opening from the

external abscess into the throat—it was a *large opening*. The patient sank under the irritation. A medical friend informed me that he lost *two* patients in one family, with hemorrhage from the erosion of arteries, and that a physician of his acquaintance had lost *one* patient in this manner. All these hemorrhages were observed in suppurating glands. In nearly every instance there was much tumefaction and ulceration of the throat. Very many of the cases were perfect cynanche maligna. As I have just observed, the parotid and submaxillary glands were, after the lapse of a few days, very much tumefied, and very frequently suppurated. There was nothing particularly noticeable in the peculiar eruption characteristic of the disease; it very generally occurred.

Such unusual numbers of lumbricoides were present in the majority of cases, as to give some countenance to the absurd theory of spontaneous generation, and the removal of these parasites was often a prominent indication in the treatment. I believe that in a *great majority* of cases a considerable number of lumbrici were discharged.

Anasarca was sometimes the sequel of this disease. I found no plan of treatment so effectual as the lancet, when it could be borne, and then nitre, squills, and digitalis.

I shall be very brief on the etiology of this disease. The rapidity with which it travelled, and its simultaneous explosion in different and distant neighborhoods, and among families who had had no intercourse with the sick, precluded the idea of contagion having prominence in its propagation. No doubt it played its part. But an indefinable atmospheric distemperature, such as occurs in cholera, yellow fever, influenza, had the principal agency in its spread.

My practice in this disease was tentative and eclectic, and, in mild cases, expectant. The perturbing treatment was not at all adapted to it. It was proper that the recuperative powers of the economy should concoct and eliminate the poison by their own selected emunctories. Too much officiousness on the part of the attendant practitioner interfered with these natural processes. Calomel, though sanctioned by the high authority of distinguished medical teachers, I found in my own experience to be pernicious. I cannot avoid placing it among the lædientia in the treatment of scarlet fever. Had I again to encounter a similar epidemic, I

should reject calomel from my therapeia. Gentle aperients are no doubt proper, but nothing of the kind should be given too early. At the commencement of this disease, there was often vast depression of the vires vitæ, and in this stage of the disease the perturbing practice was altogether inadmissible. Gentle stimulants, as sp. nit. dulc. cum tinct. lavend. with serpentaria, were the appropriate remedies. When the state of re-action had commenced, then the system, and not until then, would bear more energetic appliances.

I used the chlorine mixture, and I did think, with good effects. But I began with it so late in the epidemic, as to prevent my speaking with much certainty of its therapeutic value.

Of all the remedial articles employed by me, I witnessed the most decided good effects from emetics. When the age and constitutional vigor of the patient admitted, I preferred the tartarized antimony; where this article was contraindicated, I gave the ipecac, and sometimes repeated the latter several times. I cannot attach so much value as do some to local applications. No doubt they were of some service. Early cauterization of the internal fauces by the argent. nitrat. was as beneficial as any of this class of medicaments. The capsicum gargle, too, was sometimes apparently beneficial, as was also a diluted application of pyroligneous acid. It was a matter of some consequence, to have the internal fauces deterged by these or some other lotions, and external counter-irritation was not neglected; volatile liniment, sinapisms to the external fauces, and a domestic stimulating application was resorted to by some families. It consisted of a cataplasm of Indian meal and whiskey, applied warm to the throat. But in looking back to all these stimulating applications, I am impressed with the opinion that they were useless, if not pernicious. I must, however, in candor say, that of all these local applications, I saw more apparent good from an anile prescription than from any of them. This was a thin slice of bacon applied to the throat, and it was, perhaps, beneficial from its unirritating properties alone. A pledget of cotton, laid over the swollen glands, was beneficial on the same principle.

Of venesection in this disease, I cannot say much. I did not venture on its employment in very young subjects. But in every case in which I resorted to it, it was with decided benefit. I

believe that in no instance in which it was employed by me, was there *any congestion and suppuration of the lymphatic glands*. My own prejudices often forbade me the employment of the lancet, where I have since thought the patients would have been benefited had it been employed; and I have been deterred from its use by the opposition of parents. The singular efficacy of this remedial agent was witnessed in a case which I shall briefly relate:—

CASE.—A lad, aged about twelve years, had a light attack of scarlatina. It was so slight that the parents did not think it necessary to call in medical aid. He had been over the disease five or six days, and was walking about the house. He was attacked in the night with convulsions, and a neighboring practitioner was called in, and very judiciously bled him. I saw him very early in the morning. When I arrived at the house, I found a great part of the neighborhood congregated in the entry to witness the death struggles of the boy. His attending physician told me that it was all over with him, but that I might go in and see him, as he lay in an adjoining room. When I entered I found the lad in dorsal decubitus—stretched out—the pupils of the eyes turned up into their sockets, showing frightfully the adnata; and the manner of respiration, and the whole manifestations of symptoms, such as to produce the impression that he was actually moribund. Great cerebral congestion was evident, and the first impression on my mind was that effusion had taken place into the brain. When, however, I took hold of the boy's hand, and examined his pulse, I soon changed my opinion. There was a *remarkable fulness and tension of the artery, a pathological condition which I thought incompatible with effusion on the brain*. It struck me that had *effusion actually occurred, it would have relieved vascular congestion, and the pulse would have been found softer*. In consultation, I stated to the attending physician that, although he might startle at my proposition, I should advise bleeding the patient freely. He consented to the measure, and the father was called in, and the proposal made to him of bleeding his son—stating to him that his son might possibly die very soon. His answer was: "Gentlemen, do as you see proper; if my son dies, I shall attach no blame to you." The doctor tied up his arm, and took about sixteen ounces of blood. The pulse became

softer, and he removed the ligature from his arm, and applied the compress and bandage, as is usual. The boy still remained comatose, though the venesection had evidently been salutary.

On parting, I urged the doctor to tie up his patient's arm in a couple of hours, and bleed him again, if cerebral oppression were not very materially relieved. He did so, and took as much blood at this third bleeding as at the first, and in the afternoon the bandage slipped off his arm, and he bled as much as at any of the previous bleedings, before it was discovered and the vein secured. In the evening I saw him again, and not finding the cerebral embarrassment sufficiently removed, I took the liberty, in the absence of his physician, to cup him freely on the back of his neck and shoulders. I then prescribed *vin. colch. et sp. nit. dulc.* I saw him again on the third day. He was sitting up out of bed, and received me with the smile of health. His recovery was rapid and complete. He has never had a fit since.

The bleeding was in this case carried further than I ever before found necessary in a subject of this tender age—as much as four large bleedings in a little over twelve hours. This case presents much material for reflection; my limits, however, forbid me from enlarging upon it. I shall merely observe that I related the case to a medical friend, and at a subsequent interview he informed me that it had been instrumental in saving a patient of his in similar circumstances. His case was that of a child—the convulsions severe; and he bled him largely, and with the most striking good results.

With respect to the use of the lancet in scarlatina, pathological reasoning would lead to its adoption. Scarlatina is confessedly a congestive disease, and after the establishment of reaction, the lancet holds out as fair a promise to relieve the congested organs, and equalize excitement, as any other remedial agent. I cannot help, too, indorsing the opinion which Sydenham (I think) advances, that bloodletting proves beneficial by removing a portion of the poison from the blood—thus preventing the emunctories from being overtaxed in eliminating the remainder of the poison from the blood.

WHITE HOUSE, N. J., June, 1855.

Scarlatina of 1844 and '45 as it prevailed in Tewksbury and vicinity, Hunterdon County, N. J. By J. HONEYMAN, M. D.

It commenced in the autumn and continued to prevail till the following summer. Its greatest power was felt in the midst of winter. Cases were then not only more numerous, but of a severer grade. It pervaded nearly every family, and reached almost every individual in the same.

Causes.—It appeared to be induced by the operation of a specific contagion. I could trace it to this source in nearly every instance. Were we allowed to admit its propagation through the medium of clothing or fomites, as most English writers hold, perhaps every case might be attributed to specific contagion. The period of attack, after exposure, varied from a few hours to several days. Two parturient women caught it, sickened in 12 hours after delivery, and expired in less than 48 hours. It was complicated with and rather marked by peritoneal inflammation, presenting a combination of congestive scarlatina and puerperal peritonitis.

Varieties.—It occurred under the three usual varieties of simplex, anginosa, and maligna. Very few cases were of the first variety and limited to the skin. The great majority were of the anginose species. The fever and anginose affection generally progressed together, *pari passu*. Deglutition, though difficult, was never impracticable, but in one instance, the case of an adult, who lived eight days without swallowing even water, and without speaking except in whispers. On inspecting the fauces, the palate, uvula, and fauces were red and swollen, and when the local inflammation ran high, coagulable lymph was effused in distinct masses on the inflamed mucous membrane, resembling sloughs from ulcers. Actual sloughing was rare, and confined to a few fatal cases. The tongue was early covered with a thick cream-like coating, through which were seen projecting the enlarged red papillæ. The pulse was remarkably frequent, ranging in children from 160 to 200 per minute. The eruption was sometimes early in appearing, sometimes late, and visible after the throat affection was improving, and sometimes absent entirely. In adults, the eruption was absent, but the skin fre-

quently exhibited an inflammatory blushing state. A desquamation of the cuticle was common. Secondary attacks were occasional, the latter attack being confined to the throat, and never affecting the skin.

The disease was sometimes complicated with affections of the serous membranes. We witnessed it to fall on the arachnoid and pleura. At one period of the epidemic, the gastro-enteritic mucous membrane was untouched by it, and antimonials were borne well; at another period this texture was very irritable, and even symptoms of dysentery were clearly marked in two families. At another period, cough was a very constant accompaniment of the disease. Coryza generally attended fatal cases, yet fatality did not always succeed coryza. Death usually occurred before the fifth day, often on the third. In fatal cases the little patient was commonly attacked with a chill, the feet and legs remained cold, the eruption became of a dusky red, he would lie in a comatose state, breath quickly, the tonsils and throat swelled internally, and the parotid and submaxillary glands much swelled externally. Often before death, and immediately after death, the external swelling would exhibit a purplish hue, from gangrene. The eyes were dull and injected, deglutition difficult, coryza present, a troublesome rattling from mucus clogging up the air-passages, breath fetid, and teeth covered with brown sordes.

Sequelæ.—The most common sequel of the disease was dropsy. It varied in degree from slight cedema of the face and extremities to severe anasarca with effusion into the chest and abdomen. It generally began in less than a fortnight after desquamation. The utmost care did not sometimes prevent it. It was more common after slight than after severe cases, and probably arose from the action of cold on the very sensitive skin. Only three adults became decidedly dropsical, two of whom were obliged to travel, in cold damp weather, several miles during convalescence.

The little patient would proceed in convalescence to a certain point, when all at once he would become languid, lose his appetite, and become drowsy; the breathing would become hurried, the face and feet swell, the urine become scanty, nearly suppressed, resembling strong coffee in appearance, and frequently containing a dark red sediment, resembling the admixture of the red glo-

bules of the blood. Infiltration of the cellular texture would next occur, followed by effusion into the cavities. Another sequel was chronic enlargement of the cervical glands. In no instance did they terminate in suppuration, but in resolution. A third sequel was inflammation of the ear, ending in suppuration. In two instances, exfoliation of the mastoid process of the temporal bone succeeded suppuration, producing deafness of the corresponding ear.

Comparative Mortality.—I have witnessed the disease several times, spreading from contagion alone, unaccompanied by an epidemic state of the air, when it was comparatively mild and tractable. Scarcely a death occurred, and very little treatment was necessary. In this epidemic, in one neighborhood, just on the confines of my practice, out of the first eight cases five died, one of whom only I attended. Several families lost two, some three, and one four children. An experienced physician lost six out of the first 20 cases. In my own practice, of the first 200 cases, 5 died, averaging one in forty. This was about the proportion during the epidemic, except a few days during and succeeding a tremendous snowstorm, which for four days rendered the roads impassable. At this period, when nature had to contend single-handed against the disease, nearly one-half died. As regards the mortality from dropsical effusions, one death only occurred in upwards of fifty cases that required treatment. This was nearly the first case, and advanced insidiously to a fatal termination.

Treatment.—From observing the inutility of a mild treatment in the hands of others with whom the epidemic commenced, I was early led to adopt a vigorous plan. The first object aimed at was to equalize the excitement. The feet and legs were generally cold in severe cases. They were directed to be immersed in warm stimulating pediluvia, followed by sinapisms to the extremities. As soon as reaction was established and the pulse would permit, blood was drawn from the arm. A tense and corded pulse was not made the criterion for the use of the lancet, as in inflammation of the serous membranes. This state of the pulse never occurred in pure scarlatina anginosa, unless complicated with inflammation of the membranes of the brain, meningitis, or with pleurisy, a very rare combination. The propriety of bloodletting was determined on, far more by the evidences of

local engorgement of the throat, and especially of congestion of the brain, as shown by drowsiness, flushing of the face, and injection of the eyes, than by a full and hard pulse. In severe cases, this course was found essential to a safe termination, and in mild cases it tended to keep them mild throughout their course. Mercurial cathartics and their usual adjuncts, castor oil, senna, &c., followed venesection, and in mild cases superseded the use of the lancet entirely. Vermifuges were early and very successfully employed. Of these, spigelia was by far the most successful. In general, one copious bleeding sufficed. It was always carried *ad deliquium*. After free purging, topical bleeding was daily resorted to, sometimes by cupping the neck over the swollen cervical glands, and sometimes by scarifying the inflamed tonsils with the point of a lancet. Blisters were used in some instances, but with no satisfactory results; mild cases did not require them, and severe ones were not benefited by them. Stimulating liniments were often used, but with no marked effect. Gargles of different kinds, from slippery elm to cayenne pepper, were tried with doubtful efficacy. Emetics were not resorted to. At one period of the epidemic the great irritability of the gastro-enteritic mucous membrane forbade their use. It was observed, too, that spontaneous vomiting was rather prejudicial than otherwise. In the intervals between cathartic medicines, *sp. nit. dulcis* was given, or, what I preferred, the *vin. colchi*. The latter proved often laxative, and sedative, and was easily taken. Its use often superseded the necessity of direct cathartics. In no instance was salivation attempted, nor did it occur in my own practice. I saw in consultation, a boy ten years of age, who took repeated doses of calomel as a vermifuge at the close of an attack of scarlatina. His cheeks became gangrenous, and sloughed deeply, the maxillary bone was extensively inflamed, but did not become carious; hemorrhage took place daily from the gums, tongue, cheeks, nose, and at length from the ears. The blood became pale and thin, as in chlorosis. He fortunately recovered under the use of the chalybeates. His attack was followed by dropsy, notwithstanding the salivation, and required the usual treatment, under which he recovered.

Permit me here to detail a case. It occurred in my third child, then four and a half years old. The disease being fully esta-

blished, the throat was much swollen externally, and the fauces highly inflamed, the cheeks were of a crimson hue, the eyelids injected, and the child lay in a constant stupor, from which it was difficult to rouse him. Cathartics not affording any relief, he was bled *ad deliquium*. To effect this, about six ounces of blood were drawn. Immediately after the bleeding, which was in the evening, he improved so much that he talked with his mother for several hours. The next morning he continued better, but in the afternoon became worse. On the following morning he was again bled about six oz. During the day the throat was freely scarified, and cathartics and colchicum given. The next morning, the disease appearing stationary, it was thought proper to repeat the venesection and scarification. It was again carried *ad deliquium* (the patient being always in the erect position). He now improved through the day, but during the mother's absence a short time in the afternoon, the vein opened spontaneously, and a copious discharge of blood occurred. The child lost probably 22 oz., and recovered speedily and perfectly, without dropsy, and without any injury to the constitution.

Treatment of the Dropsy following Scarlatina.—As already observed, dropsy was a very common sequel, more especially of mild cases, and of cases treated mildly. The management of it was simple and very uniform. From observation as well as reading, I had been led to believe it inflammatory; that the kidneys were mainly in fault, being deranged in function, and having a tendency to derangement of structure. In every case there was great scarcity of urine, pain in the loins over the region of the kidneys, and pressure over these organs, and especially percussion, aggravated the pain very sensibly. Viewing the kidneys to be in a congested or sub-inflammatory state, I uniformly commenced the treatment by bloodletting from the arm. Diuretics were next given, and very generally with good effect. If however, the kidneys did not respond to their stimulus, cupping the loins was resorted to, and sometimes epispastics were applied to the same part. These never failed to prepare the way for the successful use of diuretics. Of these none answered so well as digitalis, and no preparation of digitalis so well as the watery infusion. In quantity one tablespoonful of the ordinary infusion was given four times a day to an adult, and never exceeded in quantity.

Cathartics were tried in various combinations, but with no satisfactory result. In this epidemic, digitalis after proper preparation by the lancet, and sometimes aided by cupping and blistering was just as much a specific as quinine ever was in my hands for intermittent fever.

In no case did the digitalis prove injurious. It seldom affected the pulse, sometimes caused vertigo, and in two or three days produced copious diuresis. No tonics were given after the evacuation of the water, but a low diet enjoined for a few days.

NEW GERMANTOWN, Co., N. J. October 27, 1846.

ART. IV.—*Ligatures of Arteries.*—By W. J. C. DUHAMEL, M. D.

HAVING been prompted by some degree of curiosity to investigate the application of various ligatures, and believing that different material exercises different influence upon the artery to which it is applied—I find from inquiry, in experiments made, that those most applicable in practice are—catgut, silk, prepared and crude flax, hempen threads, and hair.

The catgut when applied as a ligature, is, doubtless, the most strong and homogeneous. Experiments show that even in arteries of small diameter it has sufficient strength to compress and divide its proper coats, but it differs from other ligatures, as it does not always divide the internal wall at the moment the knot is formed. In some instances, the catgut was thought to have been absorbed, and in many instances it was found so much softened that little doubt could be entertained of its progressive absorption.

More experiments have been made with silk than with any other material, both in the manufactured and crude state, untwisted threads, &c., applying them not thicker than human hair; the only difference in the results was, that manufactured silk, left on an artery, lost its artificial color, while the unprepared maintained the color natural to it. When compared with catgut, silk ligatures produce much more irritation, and excite suppuration

more frequently, although in many cases simple adhesive inflammation alone was produced.

Like the catgut, they are first covered with plastic lymph, then connected with the cord remaining between the two extremities of the artery, or they lie bare between the layers of the common cellular tissue, or become encysted. If not thrown off, the silk may remain inert during life; yet in some cases it has been demonstrated that after a long time it becomes softened, and may be absorbed. No difference was found between slender ligatures of linen or hempen thread; they have been found no more irritating than silk. Of experiments made with black horsehair (single or double), the only difference of such from other ligatures is, that they preserve their physical properties unaltered, and still remain in the body innocuous; human hair likewise. The following table will show the result of the application of some 300 various ligatures and methods, and of the pathological conditions induced by them in arteries.

1. *Quality.*

Catgut	80
Silk	120
Thread	60
Hair	40

2. *Methods.*

Circular ligature	140
Loose ditto	70
Double ditto	45

3. *Animals Experimented upon.*

Dogs	65
Sheep	24
Goats	12
Calves	2
Horses	13
Asses	5
Rabbits	8

4. *Arteries.*

Carotids	110
Subclavians	32
Brachial	14
Iliac	19
Femoral	80

5. *Time Left.* •

1 to 30 days	44
1 to 3 months	61
3 to 6 months	48
6 to 9 months	54
1 to 2 years	29
2 to 3 years	18

6. *Result.*

Catgut	80	{ disappeared	33	
		{ remained		47
Silk	120	{ disappeared	19	
		{ remained		101
Thread	60	{ disappeared	10	
		{ remained		50
Hair	40	{ disappeared	2	
		{ remained		38
			64	236

7. *Effects in the 236 Ligatures which remained.*

1st. Covered by lymphatics—cellular substance	29
2d. Attached to the cord between the ends of the artery	60
3d. In common cellular tissue	67
4th. Encysted	54
5th. Forming abscesses	26
	236

WASHINGTON, D. C., June 23, 1855.

ART. V.—*The Treatment of the Dysentery of the Northern & Middle States.* By AUGUSTUS K. GARDNER, M. D., Fellow of the New York Academy of Medicine, &c. &c.

I PROPOSE in this paper briefly to present my views of the treatment of an annual disease, which I think is generally far too actively and often injudiciously treated by the profession.

When a bone is broken, all that we can do is to put the fractured ends in coaptation, and thus let it quietly remain until nature unites the parts. If a muscle is cut through, the same treatment is adopted. If the throat is sore, stop talking. If the eye is inflamed, shut it up and cease to use it. Disease is particularly

dangerous in those organs where rest is impossible. If there be inflammation of the lungs or heart, organs which cannot cease from being in constant action, the disease is a grave one, and simply from this cause. We can, however, diminish the action of these organs somewhat, and in that lies the salvation of the patient.

Fortunately, in dysentery and in diseases of the bowels we have organs attacked where rest is possible; but, alas! the theory alluded to in the preceding paragraph is forgotten too often by the practitioner.

The medical skill cannot purge away acrid and pestilential matters from the bowels, and thus cure dysentery; neither with calomel can it produce alterative effects, healing the wounded intestine; nor will administered astringents pucker up the bleeding ulcer, and effect a cure. Medical skill can do but one simple but effectual thing. It can arrest the action of the bowel—it can prevent food, or any matter, from flowing over and stimulating the bowel to movement—it can prevent the raw, abraded surface of the intestine from rubbing against itself—it can give to the bowel the same quiet that it affords to the broken bone. The great, the indispensable, the *only successful treatment* of dysentery is to afford rest. Absolute, entire, and continued rest, as the alpha and omega of all practice in this disease, should be impressed upon the minds of every practitioner.

How is this rest to be obtained? Firstly, by clearing the stomach and bowels of their contents. Secondly, by putting nothing more into them. Thirdly, to suspend by medicines any irritative action that may be going on; and finally, having done this, trust in God and nature for the cure, which will rarely fail to bless such treatment.

First, by clearing the stomach and bowels of their contents, we take from them all cause of action. This may be well done by ten grains of blue pill, followed by ol. ricini.

Secondly, by putting nothing more into them. Starvation, entire absence from food and drink, with bodily rest, will of itself cure very many cases of severe dysentery. If your patient is unwilling to trust this treatment, approximate as nearly as possible. Prescribe the articles of food and drink, and the quantity. Nothing is better than arrowroot made with water, thin, without

wine or spirit, sweetened as desired—a tablespoonful every hour or half hour. One will not grow fat on this, but it will support life. My sister thus lived for six weeks in the midst of the cholera of '49, and yet survives to tell of it. This is both meat and drink. If the thirst be intolerable, ice in small pieces as rarely as possible, a half wineglass of iced soda-water every hour: As the patient improves, gradually increase the quantity, and exchange the gruels for chicken, beef, or other teas. More than this, nothing should be admitted into the stomach.

Thirdly, to suspend all action of the bowels. This is to be done by the recumbent position—that upon the back—not sitting in an arm-chair, or propped up in bed. Absolute bodily rest is of the utmost importance. All the medicine in the world, combined with rigid diet, is almost valueless in disease of this character, of any moment, while the patient is moving about, vainly attempting to half attend to business.

By simple bodily rest we may suspend the action of the bowels, so far as it is dependent upon the effects of gravitation or the excitements arising from locomotion.

But there is a further cause of the action of the bowels, viz. in the stimulus arising from the inflammatory condition of the intestine in its ordinary, natural, vermicular movements. The food, acrid secretions, or even the blood emitted from the inflamed surface, more or less decomposed, passing over the diseased portion or even the opposing sides of the intestine, irritate and excite to defecation. This is to be allayed by opiates. The best method, in my experience, is by local application. Starch and laudanum injections is an old and favorite method of administering it. There are several objections to this method—the irritation produced by the pipe of the syringe; by the bulk of the lavement; by the alcohol, in some cases, &c. A better method is by suppository, which I am in the habit of making as follows:—

R.—Pulv. Opii, gr. ii;

Butr. Cacao, q. s.

Ft. supposit. no. i.

In this may be given tannic^e acid, acetate of lead, or any such medicines as may be desirable. If carefully inserted, even where

the tenesmus is severe, they will be retained, and soon quiet the bowel. My plan is to administer one after every passage, and I have never seen narcotism produced while following this safe direction. The suppository may frequently be given where opium by the mouth is inadmissible. A year since, I had an old lady of nearly 80, in whom a minute quantity of opium, as five drops of paregoric, or a grain of Dover's powder, produced intolerable itching. Every form of opium produced a like result, but she could bear a half grain of opium in suppository without any such symptoms, if not given oftener than every four or six hours.

Very much depends upon the method of making the suppositories. The butter of cocoa found in many shops is hardened by wax, so that it may be more easily used, but this adulteration defeats the very end intended by its use, viz: its speedy melting, and where the tenesmus is severe, will cause it to be thrown out before it becomes dissolved, and the medicinal ingredients brought in contact with the absorbents of the rectum.

Frequently they are thickened or enveloped with magnesia or powdered liquorice root, to their manifest detriment. They should be made without any foreign admixture, and enveloped, when made, in arrowroot. Frequently, in warm weather, when they are most needed, druggists complain of their inability to mould them. By placing a piece of ice upon the pill-plate, the butter is speedily as hard as desired.

Suppositories are particularly useful when the inflammation or ulceration is near the rectum; the opiate then is applied locally. If, however, it is perceived that the inflammation is higher up, it will be found necessary to give the opium internally. In that case, a grain every four hours will generally be abundantly sufficient.

These are the main features of the treatment of dysentery, so far as my experience goes. Vegetable and mineral astringents may be given as fancy may dictate. They are generally always given with opium in some form, and, as I think, have stolen some reputation from their associate. Chalk, on account of its insoluble nature, should not be persisted in. The nitro-muriatic acid I give as a lemonade, but I doubt whether in this climate, where the liver rarely sympathizes with the intestinal troubles, it is of

any advantage. It makes, however, an agreeable drink, and may be given without detriment.

General bleeding is rarely called for in this latitude, but where the attack comes on suddenly, with high febrile symptoms and evident local congestion, it will be called for. Leeches to the anus, where the tenesmus is great, or over any tender spots in the abdomen, in the early stage of the disease, with cataplasms sinapisms, &c., are frequently useful.

Calomel, except as a purgative in the commencement, or where there are icteric symptoms, I consider actually injurious. If the liver be stimulated by it, there will be undoubtedly bilious evacuations, which have the effect, in their passage, of irritating the inflamed intestine over which they pass, and producing no beneficial result—unless it be to unload the portal veins, or to have an alterative effect, which is merely to apply terms of doubtful signification to effects which we merely imagine to occur. In my opinion mercurials, except as simple mild cathartics, are totally inadmissible in dysentery, as is every other medicine for which you cannot give a satisfactory reason for its use.

One more much vaunted medicine I have used, without perceiving any benefit therefrom—the nitr. argenti; I have given it with a like want of success, both by mouth and per rectum.

If rest is the *sine qua non* in acute dysentery, in the chronic form it is especially called for. In the cases which I have seen of East India, Panama and Chagres type, some of very long standing and ten to twenty evacuations per diem, I have stopped the enormous eating, and the patients apparently robust and vigorous at times, who for months have attended to business on shore, or been engaged in more arduous occupation and exposures by sea, I have put upon their back, quieted the bowels by suppositories, prescribed light diet of farinaceous articles principally, and returning health has in every case crowned this treatment. In one aggravated case, where I had the benefit of the extended observation and careful judgment of Dr. J. M. Smith, of this city, the gentleman, entirely cured, as Captain of an East Indiaman, is again exposed to the danger of taking a complaint, from which he so narrowly escaped.

Rest, I repeat, is the great and only effectual and defensible treatment of dysentery.

NEW YORK, 141 East 18th St., July 1, 1855.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. VI.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, May 9, 1855.

Edema of the Glottis.—Dr. CLARK presented for Dr. Macready, a specimen of *œdema of the glottis*, which occurred in Bellevue Hospital. When admitted, the patient (46 years old) suffered only from tympanitis; his system was much debilitated from want of good food, and exposure to the hardships of the past winter. There was no tenderness of the abdomen, no diarrhœa, no constipation; nothing, in fact, but the tympanitis. He was ordered to take by the house physician, aqua ammonia gtt. x in water. Mistaking his directions, it was administered undiluted—he called for water immediately, and complained of burning in the throat. He continued restless and moaning until 4 P. M. (5 hours after), when he was again seen by the physician, who found him sitting up in bed, laboring for breath. The thought of *œdema glottidis* at once was suggested as the difficulty. On introducing his finger into the throat, it felt soft and pulpy—no sacs or bags could however be felt. While consulting in regard to the case, in a distant part of the ward, with another physician, who, after an examination came to the same conclusion, the man ceased to breathe.

Autopsy.—On inspection of the parts after death, on all anterior to the epiglottis, considerable *œdema* existed; the edges of the openings of the larynx were swollen; and within, the larynx itself was almost completely closed. No irregularities in the way of bags or sacs existed, such as are most commonly observed in this disease. The pharynx was very red; the *œdematous* swellings not markedly so. The tympanitis was due to chronic tubercular peritonitis—it differed from most cases in there not being alternations of diarrhœa and constipation. In the lungs, diffuse tubercular matter existed, and four or five moderate tubercular infiltrations, contrary to the law of Louis, that tubercles are most abundant and most advanced in the lungs in patients over sixteen years of age.

Dr. JENKINS inquired how far topical applications might have proved of service in this case?

Dr. CLARK replied, that though many cases had occurred under his observation in hospital practice, he had never had the immediate treatment of one.

Dr. SAYRE suggested that *œdema* could always be detected by the eye more readily than by the finger, as the fluid can be crowded away by pressure.

Dr. CLARK observed that this case would not have been relieved by the operation proposed by Dr. Buck; it could, perhaps, have been relieved by puncturing with a curved needle.

Dr. FOSTER inquired if nitrate of silver might not have been of use?

Dr. CLARK thought not. The danger is not usually appreciated until a few minutes before death. Three of the cases with which he was familiar, died at night; nothing being known before the *autopsy*, as to the cause of death; in one, the effusion was consequent upon syphilitic ulceration of the fauces—and in the case operated upon by the lamented Dr. Ravenhill, four years since, at Bellevue, the man seemed as if he could not take a dozen more respirations. He scarified with an ordinary probe-pointed bistoury—the next day he was nearly as well as ever.

Fibrous Effusion into Bladder and Urethra.—Dr. CLARK next exhibited a

bladder, showing certain forms of inflammatory action when paralyzed, viz: fibrous effusion at the commencement of the urethra. It was a case of apoplexy—the urine escaped from the bladder at times mixed with blood—there was also found purulent matter when examined. The catheter when introduced gave a sensation as if passing at certain points along a roughened surface. This is explained by inspection of the urethra, which is covered at intervals by fibrous effusion.

Fibrous Degeneration of Kidneys.—Dr. CLARK next presented three kidneys, showing *fibrous degeneration*, their respective weights being 10½ oz., 3½ oz. and 2 oz. Microscopically they exhibited the same character; neither of them are fatty; the secreting cells in each are healthy; their surfaces slightly granular. In a strong light, on the smallest, with a lens magnifying seven diameters, can be seen an infinite number of papillary eminences covering the whole surface. These are not the granulations of Bright's disease, which are always of a yellow or grayish white color, these presenting the same color as that of the base. In Bright's disease they are irregular; these are rounded up, standing out half their diameter from the surface. They are in fact Malpighian bodies, left standing out from the surface of the kidney by the retraction of the other part of the organ. One of the kidneys is dotted over with *scarlet-colored spots*; which are composed of *crystalline hæmatoidine*—another is dotted over in its interior with an abundance of the black variety of hæmatoidine, so as to present a marked discoloration on section. He (Dr. C.) is not aware it has been before noticed in Bright's disease. Black vomit contains precisely the same material.

Dr. COCK inquired whether these specimens were not gradations of the same disease?

Dr. CLARK considered them as such.

Dr. SCHILLING suggested that they were similar to cirrhosis of the liver, which was large or small, according to the stage of the disease.

Melanosis of the Liver.—Dr. SAYRE presented a specimen of *Melanosis of the Liver*, removed from a gentleman sixty years of age. Eight years since, an oval tumor was first observed on the left temple, about the size of a small nut, movable under the finger, and unattended with pain. It slowly increased until 1851, when it was first seen by Dr. Sayre; it was then the size of a large egg. The only inconvenience occasioned by it was the difficulty of putting on his hat. He thought it was an ordinary encysted tumor, over the temporal muscle, but on cutting down upon it, it was situated below the muscle, and consisted of a *perfectly black jelly-like mass* covered with a thin pellicle—it extended below the zygoma, and completely filled the temporal fossa. It was easily removed. The wound healed by the first intention. The tumor Dr. Sayre considered to be *melanotic cancer* in its nature. But it was destroyed before a microscopic examination could be made. His general health continued perfectly good, and he attended actively to his business (that of a builder) for three years and more, and he (Dr. S.) began to think his first impressions, as to the nature of the mass, were erroneous, as no return in any of the internal organs had occurred. About this time, while carrying a large and long board across the street upon his shoulder, in a severe gale of wind, he was suddenly *twisted* around, and, to prevent himself from being prostrated by the force of the wind, he was compelled to brace the muscles of his back and limbs with great energy; while in this position he was seized with acute pain in the back and right side, over the region of the liver; where, to use his own words, he “distinctly heard something crack, and felt it give way.” He was brought home faint and in great pain. When examined by Dr. Sayre, a day or two after the accident, nothing unnatural could be detected. After remaining quiet a few weeks, he gradually resumed his business, but never seemed so well or active. In November last, six months after the accident, Dr. S. was called in on account of obstinate vomiting, and on examination a nodulated, hardened mass was distinctly felt upon the right lobe of the liver,

which extended some distance below the ribs. He informed his son, a physician, that he feared his first impressions, in regard to the nature of the tumor removed from his temple three and a half years since, were correct, and the disease had returned in the liver. The tumor continued to increase rather slowly for one or two months; but its progress was so rapid during the last three months, that its enlargement was clearly perceptible at each weekly visit. Three weeks ago, it could be felt crowding down into the right iliac fossa, and very near to the crest of the ilium on the left side. The thorax was distended laterally to its fullest capacity, and the lungs forced upwards, so that respiration could not be heard below the fourth rib, on the anterior and lateral parts of the chest. He had not been able to assume the recumbent position for some weeks. On the 2d May, a severe attack of vomiting occurred, and he rapidly began to sink, and died on the 3d at 4 A. M. The *post-mortem* examination was made on the 4th inst., and 42 hours after death, assisted by Drs. Thebaud and Lattimore—the body having been preserved in ice for the last 24 hours. *External appearance*.—Face much emaciated—legs, penis and scrotum, oedematous. On opening the cadaver and removing the sternum, the diaphragm was found crowded above the fourth rib, and only $3\frac{1}{2}$ inches below the clavicle; thus compressing the lungs and heart into a very small space. The right and left iliac fossæ were completely filled with tumors from the two lobes of the liver; the lower border of the fissure of the liver was below the umbilicus, and the intestines were crowded into the small, triangular space between that and the pubis. The liver weighed, immediately after removal, 23 pounds.

Weight, 23 pounds. *Measurement*, vertical diameter, right lobe, 17 inches; vertical diameter, left lobe, $16\frac{1}{2}$ inches; vertical diameter at the fissure, $8\frac{1}{2}$ inches; transverse diameter at the middle, 20 inches; transverse diameter at the base, 22 inches; oblique diameter from right to left, $23\frac{1}{2}$ inches; oblique diameter from left to right, $20\frac{1}{2}$; greatest thickness, $4\frac{1}{2}$ inches.

Poisonous Effect of Oxalic Acid.—Dr. FINNELL presented a *stomach* removed from a man, eighteen years old, who took an unknown quantity of *oxalic acid*; it was much contracted, of an intense red color. The lungs and brain were much congested.

Hypertrophy of Heart.—Dr. FINNELL next exhibited a *hypertrophied heart* weighing 14 oz., with thickening of the mitral valve. Patient died suddenly in the street, and was not known to have labored under disease of the heart.

E. LEE JONES, M. D.

Secretary.

REGULAR MEETING, May 23, 1855.

Tumors of Liver, &c.—Dr. GRISCOM presented a specimen of *tumors* of the *liver*, removed from a man 29 years of age. The patient of robust constitution, general good health, was admitted into the City Hospital, with ascites, attributed to cirrhosis, on the 24th April last. He has been at one time somewhat intemperate. Five weeks ago he first noticed abdominal dropsy, which did not at the time cause him any inconvenience, nor compel him to discontinue labor; two weeks before admission he also noticed some oedema of the lower extremities. No pain whatever preceded these symptoms, nor any derangement of his general health, with the exception of a somewhat troublesome diarrhœa. When admitted the belly was much distended, the superficial veins enlarged—but to a less degree than is common in cirrhosis of the liver. Dulness over the hepatic region somewhat less extensive than natural; belly evenly distended, but tympanitic over the whole central portion, where (the patient lying on his back) no fluctuation could be detected. Over the lateral portions were dulness and fluctuation, changing with position, the quantity of fluid not appearing very considerable. The tension of abdominal parietes occasioned marked distress in breathing. The feet and legs were considerably oedematous, pitting on pressure. The quantity of

urine passed was greater than natural, normal in appearance, containing no albumen, depositing no lithates. Specific gravity, 1.021. There was diarrhoea, bowels moving four or five times in twenty-four hours; passages thin, watery, light-colored, without tenesmus. Pulse 96, fair strength; tongue moist, clean; skin natural. He complained of no pain, simply of the distress and uneasiness occasioned by distension—the degree of which varies from day to day. The quantity of water was from three to four quarts in twenty-four hours. No diuretics were employed.

On the 4th of May paracentesis abdominis was performed. On introduction of the canula, only a small quantity of fluid escaped; the orifice of the tube being obstructed, an elastic catheter was introduced through the canula, by which about three quarts of remarkably clear serum was withdrawn. He was somewhat relieved by the operation. Two days after, on the morning of the 6th, respiration short, pulse accelerated, friction sound at base of right lung—laterally and anteriorly; diaphoretic ordered. The next morning, pulse 108, hard, moderate fullness; respiration 30; skin natural in temperature, moist, expression less indicative of suffering. Is more comfortable, and complains less of pain in the side; of no pain over abdomen, except at the point of operation. Percussion anteriorly natural over both sides; apex of heart beats below fifth rib, and four and a half inches to left of sternum. Posteriorly, percussion over right side dull, up to a point two inches below the posterior angle of scapula, especially over the lower half of the lung, where dullness is complete. Over left side percussion natural; over upper part of right lung posteriorly respiratory sounds natural, becoming more indistinct about commencement of lower half; at the lower part of lung respiratory sound almost entirely absent, and laterally and anteriorly is heard a distinct, dry, friction sound, accompanying inspiration and expiration. Vocal sounds ægophonic. Over left lung distinct mucous râles. Expectoration very slight, not characteristic of pneumonia or bronchitis.

May 13. From this time onward there was no improvement in the patient's general condition; the pulse ranged from 96 to 112, the same in character; the dyspnoea increased, and was caused almost entirely by the great distension of the abdomen; his rest was bad, change of position affording little relief; appetite poor, the stomach with difficulty retaining food; the bowels at times loose; and strength slowly failing. These conditions were met by palliatives and support. He died on the 18th.

Autopsy.—On opening the chest, the whole right side was found to be full of serous fluid, containing but a small quantity of fibrin. No deposit of false membrane upon the surface of lung or pleura. The right lung small, collapsed, not adherent to ribs, but forced towards the spine, and floating in the serous fluid; of a dark-gray color, non-crepitant, except at the apex, containing no tubercles nor cancerous masses, only several calcareous bodies. Left lung crepitant, paler than natural, free from tubercles, but containing several calcareous masses. Heart to left of natural position, but healthy. Scattered over the inner surface of pleura were quantities of large, firm, white bodies, covering the pleura, lining the ribs, diaphragm, and mediastinum of right side. There were none of these found on the left side. *Liver* about natural size, very firm and hard, and scattered over its surface were found a number of hard, white nodules, from the size of a pea up to an inch in diameter, embedded in the liver; and, on section, these were found abundantly scattered through that organ, appearing to be of a cancerous nature. The color of liver a pale red, mottled with white or gray points; its weight, 4 lbs. 12 oz. On opening the peritoneum there was no escape of gas, no fibrinous deposit; considerable fluid within the cavity. The stomach and intestines large, and enormously distended with gas, lying in such manner that the stomach, colon, and one convolution of small intestine form one even convexity. At the angle formed by the transverse and ascending colons, pressing firmly against the ascending colon, which lay

partly posterior to it, and against the liver at the transverse fissure, caved in by the right lobe of the liver and short ribs; adherent to the liver, and the lateral and posterior abdominal muscles and to the colon, through the attachments of its investing membrane, and having its true point of attachment to the mesentery, the divergent lines of which could be distinctly made out at its inner posterior side, was found an *enormous tumor*. It was firm, hard, elastic and cartilaginous to the feel and the knife; somewhat nodulated; surface pearly white, smooth and polished. Weight, 2 lbs. 8 oz. (Case in full in *Archives*.)

Dr. CLARK remarked, that the large tumor appeared to be fibrous in character; the masses on the pleura he thought were cancerous. If, on microscopic examination, the one should prove to be fibrous, and the other cancerous, it was interesting and seemed to imply that different kinds of tumors were governed by their own special laws, though situated in close proximity. It was rather unusual that fibrous and cancerous tumors occurred in the same persons.

Dr. JENKINS remembered having seen colloid cancer in the ovaries, and a fibrous tumor in the uterus.

Hypertrophy of Heart.—Dr. SEWELL presented a specimen of *eccentric hypertrophy* of the heart, removed from a man 64 years old. He had been attended for about a year. When first visited, he had much dyspnoea at times, increased on exertion, but was able to work. A bellows-murmur was then perceptible. Three weeks since, anasarca was first observed, and rapidly increased until his death. During this time he suffered constantly and intensely from dyspnoea, and was unable to sleep more than fifteen minutes at a time. As soon as he was fairly asleep, he would start up with a strong sense of impending suffocation. The most comfortable position was leaning forward and supporting himself on two chairs. He never had rheumatism, cough, or bloody expectoration.

Post-mortem sixteen hours after death.—No rigor mortis. Temperature of trunk not far from that of health. Lungs somewhat congested; considerable effusion in pleural cavity; no adhesions to pericardium, which contained not more than half an ounce of fluid, and was entirely smooth and healthy everywhere. Heart hypertrophied; aortic valves thickened; atheromatous deposit abundant; right auricle greatly distended, in parts very thin; valves of right side healthy; weight 18 oz.; kidneys of natural size; beneath peritoneal coat numerous cysts, about the size of a pea, which contained a yellowish fluid; and within one of the kidneys was a cyst of the size of a marble. Dr. Sewell asked for an explanation of the continuance of the natural temperature of the body.

In answer to the inquiry of Dr. S., as to the explanation of the continuance of the temperature of the body, Dr. Clark referred to the remarks made by him when the subject of cholera was under discussion; and, as his remarks were not reported, he would, with the consent of the Society, repeat them. As we know, he observed, that, in inferior animals, when the cerebral nervous system dies, the reflex system often remains in activity for hours after; there is no violence in the supposition that the sympathetic system may survive both the others, and as this presides over the circulation, and is distributed to the capillary vessels everywhere, it might be supposed that some changes, regarded as vital, may take place after the signs of general death had existed for some time. Among these, it is easiest to suppose that chemical action, which produces the animal temperature may be prominent. If it be objected to this view, that, as the respiration has ceased, there is no new supply of oxygen, it may be borne in mind that the cooling agents are much diminished by that very suspension of the respiration; and, that, therefore, the oxygen already in the system may produce more apparent heat than during life. This view derives support from the fact that, in the bodies of persons dying of cholera, and sometimes of other diseases, it is evident that

the reflex nervous system does not die with the cerebral, since muscular movements are excited on stimulation for hours after apparent death. Also, a fact which appears to be well established, that those bodies in which this maintenance of animal temperature is observed, the process of putrefaction is unusually slow.

A Case of Extensive Disease.—Dr. CLARK presented a specimen of *waxy liver*, the track of a sinus from the pleural cavity of the right side to the umbilicus; secondary abscesses of the lungs and bronchial glands; no *scrofulous predisposition*; no *syphilis*, or mercurial influence; adhesions of the lungs to the diaphragm; probably old pleuritic abscess; no dropsy. The patient, Catharine O'Malley, Ireland, æt. 38, was admitted into Bellevue Hospital in October, 1853, and entered on the *ward book* (as informed by Dr. CRAIG, House Physician at the time of her admission), as "pregnant, having phthisis and umbilical abscess." She complained much of pain in the side and chest; she was delivered October 29; child weighed 4½ lbs., and died in January, 1854; she does not seem to have any hereditary tendency to tubercles; has had cough for three years, and has expectorated thick, purulent matter, occasionally stained with blood; night-sweats at times. The fistula is known to have existed for one year and two months, with slight discharge of pus. Has had no swellings, or other disease of joints or lymphatic glands; denies ever having had syphilis, or ever taking mercury to any extent; but of this, she would not be likely to be well informed; she had no dropsical effusion in the abdomen during life, and only about a pint of serum was found after death. She has had lately some swelling of the feet, perhaps for some time; urine not examined; died, after suffering from the above and sore mouth, May, 1855. The hospital record says, she had been four times pregnant; she was never married. It is now more than probable that her statement as to never having syphilis is not true. Four pregnancies in an unmarried woman implies risk.

Post-mortem Examination.—The lungs contained a great number of white spots, rounded, varying in size from that of No. 1 shot to that of a pea; some clustered, some single. Each of these spots, when cut into, discharges a little whitish pus; they occurred in both lungs, and equally in the different lobes. In the bronchial glands, the deposits of pus were much larger, some of them containing half a drachm. At the base of the left lung, near the median line, were two irregular, fleshy-looking masses or tumors, one as large as the last joint of the thumb, the other twice as large, which, when cut into, were found filled with pus. These lay between the lung and diaphragm, anterior to the œsophagus. Over the spleen were scattered yellowish-white spots, which had wholly the appearance of tubercles, but Dr. SANDS reports that they contain and are made up of inspissated pus. A few other purulent deposits were found in different parts; the lungs were adherent to the diaphragm on both sides firmly. On the right side, the adhesion was so intimate in all the anterior half of the diaphragm as to render the separation impossible, except by the knife. At the anterior and inner angle of this space, commenced a sinus, which had thickened, cartilaginous walls, penetrating the diaphragm, running between the liver and inner face of the diaphragm to the lower edge of the liver, then by a membranous channel to the umbilicus, when it opened externally. This sinus commenced in a cavity of moderate size, at the lower and anterior portion of the right lung; whether wholly pleural, it is not now easy to ascertain. The adhesions of the lung in the neighborhood of this cavity were very strong.

These appearances suggest the idea that, some time ago, the woman had pleurisy with purulent effusion; that the pus had forced a way for its escape through the diaphragm to the umbilicus; that adhesions followed this evacuation, and that these adhesions, except when kept up by the irritation of the sinus have already broken down. The liver had undergone material changes. Considerably enlarged, plump, its edges rounded, weight about seven lbs.; it was a good specimen of the waxy or scrofulous liver. On section, it had nothing

of the usual hepatic appearance, but was smooth, showing no vessels, mottled by alternations of reddish-yellow and brownish portions. It had the appearance of wax, or of a section of sun-fish; it was not very firm; it was waxy degeneration not yet complete. On *microscopic examination* the brown portions showed no cells but such as are peculiar to the waxy liver; the yellowish parts contained these cells, and also some of the normal hepatic cells, a portion of which were moderately fatty. Adhesions had taken place on every side of the liver; the diaphragm, anteriorly and above, seemed, by the growth of the liver, to have been stretched downward upon it. The intestines and stomach were so attached below, that they seemed an appendage to the liver, and required careful dissection to separate them. The kidneys had the color of Bright's disease, weighing together fifteen ounces; the cells were moderately fatty, and the fibres were increased.

Tubercular Cavities in Lung, without Cough.—Dr. CLARK then exhibited a specimen of *lungs* much affected with *tuberculosis*; a cavity at the top of each; *no cough*; *delirium tremens*; *fatty liver*; *no tuberculous cachexia*.

These lungs (the inferior lobe of each removed), show cavities as large as a butternut in one, and as large as a hen's egg in the other, lined by a false membrane. The whole organ, on each side, was pretty heavily laden with tubercular deposit. In the upper lobe in each, about the cavity, are abundant large miliary deposits, not softened; in the middle lobe of the right, considerable masses, softened in the centres, so as to leave small cavities, varying from the size of a small pea to that of a bean; in each of the inferior lobes, there were numerous grains of tubercles, as large as a double buck-shot, not softened; the left upper lobe was, at the time of removal, decidedly heavy from tubercular deposit; not less than three times its natural weight. The other lobes are greatly increased in weight; yet this woman was under observation eighteen days, and was not known to cough during that time.

She was about 30 years old, and was admitted into Bellevue Hospital on the 11th of last month. Her history is unsatisfactory; she confessed she had been freely drinking; she was a large, stout woman, probably weighing 160 lbs. Moved, at the time of admission, in a nervous, irregular way, and did not remember much of her antecedents. Her dingy hue induced Dr. C. to examine the liver; it was large, descending to the level of the umbilicus, smooth on its surface, and regular in its outline; it was considered fatty; she slept but little the first night, and the third day after admission was fully delirious; the delirium was obstinate, and continued for ten days, when she fell into a typhoid state, with noiseless, speechless dementia, and in this condition died, on the eighteenth day after admission. The treatment consisted of opium, in moderate doses, food, and laxatives; and, in the typhoid state, stimulants. *Post-mortem examination* revealed nothing of importance, beyond a fatty state of the liver; this organ weighing seven lbs., the condition of the lungs above described; the intestines much inflated, but not inflamed; a slight yellow stain of all the tissues. The *brain* was carefully examined, but, beyond a very moderate serous effusion on the surface under the arachnoid, a couple of drachms of serum in each lateral ventricle, a blanched appearance of the choroid plexus, considerable punctate redness on section, and white lines along the borders of the larger vessels on the surface of the organ, nothing was found.

Congenital Disease of Heart.—Dr. CLARK next presented a specimen, showing an *extraordinary congenital foramen* in the *auricular septum*. Hypertrophy, with dilatation of the *right ventricle*. Some disease of the pulmonary valves; also of the mitral; aorta small; pulmonary large. The woman attained the age of 49, and had *enjoyed tolerable health*. Rosanna Cole, Germany, aged 49, was admitted into Bellevue Hospital about the 1st of May. She earned her living by making paper boxes in a match factory, and had pursued her occupation till within a few months of her admission. At the time of her entrance in the hospital, she labored for breath, her countenance was almost

purple. She sat up in bed, because she could not breathe lying down. Her intellect was obtuse, and her account of herself confused and contradictory. She had not been a hard drinker; five years ago, she had rheumatism slightly; does not know how long her heart has troubled her, but had palpitations seven years before that time.

Physical Examination.—Apex of the heart is felt six inches to the left of the median line, and nearer the axilla than its proper level; some prominence of the præcordial space; the contractions of the heart and pulse were rather feeble and irregular; a murmur was heard, at times, over about the middle region of the enlarged præcordial space, feeble; there was indistinct pulsation in the veins of the neck; the lungs were loaded with bronchial mucus, giving a great variety of râles over the whole chest, and, in the region of the heart, so loud as to obscure the heart sounds altogether; bronchitis; she died ten days after admission.

Post mortem.—The heart weighed twenty-one ounces. The right ventricle was greatly dilated, so that it would hold from eight to twelve ounces of fluid. The walls were much thickened, so that this cavity was mistaken by several physicians present for the left ventricle. The pectini muscles were greatly enlarged, also the fleshy columns, but to a less extent; the tricuspid valve appeared to be healthy; the pulmonary valves seemed to be sufficient, but were irregularly thickened by a patchy, fibrinous deposit on their inner surface, the posterior more loaded than the rest, though none were healthy. This deposit was most abundant on the inferior half of the valves; mitral valve warty, hard, and thickened by deposit of the same material. Whether it was sufficient, was uncertain.

In the inferior portion of the *auricular septum*, was an immense *congenital opening*, permitting free communication between the auricles, without the least attempt to form a valve. This opening began at the base of the mitral valve below, and extended upward into the septum an inch and a quarter. Being nearly round, its transverse diameter was also $1\frac{1}{4}$ inch. The edges were perfectly rounded and fleshy, giving every evidence of being an original defect in the formation of the heart. The lower half inch of the septum, as it ends in the upper border of the foramen, is covered with a layer of fibrous membrane, organized, and firmly adherent. The foramen ovale, $\frac{1}{2}$ inch above the opening, is closed as it commonly is in the adult heart; left ventricle was of normal size, the walls slightly hypertrophied; the aortic valves were perfectly healthy and sufficient; the aorta was small, measuring, when pressed down flat, exactly one inch across; the pulmonary artery large; when treated in the same way, it measured one inch and three-quarters, though at the valves it is barely over an inch.

Some of the following items of history have been obtained since the patient's death: She had enjoyed tolerable health up to about a year ago, and had been of blue color, so say her step-daughters, who lived with her. About a year ago, she began to find that she could no longer lie down in bed. Still, she continued her work until a month since, when she began to cough, have difficult breathing, became blue in the face, and her feet swelled. These symptoms all remained, and increased till her death.

Uterine Hydatids.—Dr. LIVINGSTON presented a specimen of *uterine hydatids*. At about 3 P. M., on Saturday last, he was summoned in haste to see Mrs. M'G., of 32d Street. On his way to the house, he learned from her husband, that she supposed herself to be some four or five months advanced in pregnancy, and that during the last six weeks she had suffered repeated attacks of hemorrhage; but her physician, regarding it as only a disposition to miscarriage, treated it accordingly. About an hour previous she was attacked with a very violent and alarming hemorrhage, which was protruding her very fast. Upon reaching the house she was found reclining upon a couch, soaked in blood; a large pool upon the floor and a chamber vessel more than half filled. She was much exhausted, pulse scarcely perceptible,

skin cold and clammy, features pallid and thirst intense. It was with the greatest difficulty she was induced to be removed to a bed, so great was her dread of the slightest movement, lest it should cause a return of the hemorrhage. On examination, the uterus was found enlarged to about the normal size of a five months' pregnancy. The os was slightly patulous. She had never felt foetal life, and he (Dr. L.) was unable to make out the presence of a foetus. She was ordered milk punch with a raw egg beat up in it, and as the hemorrhage had not entirely ceased, the vagina was plugged. She was visited again at about 9 in the evening. Her strength had come up finely. The hemorrhage was completely arrested, and, for the last hour, regular pains had occurred until now they were quite severe. At her urgent entreaty the tampon was removed. The os was now dilated so as to admit the point of the index finger, and as the true nature of the case was by this time very clear, by means of a small scoop, and after a labor of more than an hour, he succeeded in emptying the uterus of more than two quarts of hydatids. The patient is now (fifth day) convalescent. The principal interest in this case is, that the adventitious mass, contained a larger portion of adipose matter, and was much more firmly adherent to the lining membrane of the uterus, than is usually found to exist in such cases. It may also be stated that the patient suffered for a long time from injuries received in an instrumental delivery some two years since. She says that she has never been well since that time.

Enlarged Testicle.—Dr. FINNELL presented a *testicle*, weighing seven pounds, removed by him from a gentleman 70 years of age, of robust constitution. Its growth was first observed twelve years since, and apparently commenced in the cord on the left side. For the last six months the lower portion of the mass has been rapidly increasing. He has never experienced any pain or other inconvenience, than that occasioned by its size and weight. It is probably cancerous in its nature.

Dr. WILLARD PARKER remarked that two kinds of tumors are observed in these parts—those in which the testicle is first involved and is malignant in its nature, and those in which the disease commences in the cord, leaving the testicle free. Some twelve years ago he removed a mass weighing fourteen pounds, the cord being the seat of disease, the testicle itself not being implicated. Six months after there was a return of the disease on the stem of the cord, and the reproduced growth extended under the peritoneum. He operated again, and the patient has remained well ever since. He removed a mass from a patient in Bellevue Hospital—in this case the testicle was not diseased, the cord only—the tumor weighed three and a half pounds.

Dr. HOFFMAN removed a similar mass at the City Hospital, weighing six or seven pounds. The testicle (he thinks) was not involved. When the disease commences in the testicle, he had never seen the patient live longer than one and a half years—it does no good to operate, the disease recurs in other parts of the body. He never knew a case, where the testicle was implicated, to continue so long as the one before the Society.

CAMDEN Co., N. J.—The District Medical Society of Camden County held its annual meeting in the City of Camden, June 19th, 1855. Dr. WOODRUFF presiding. After the Society had disposed of the proper previous business, Dr. MULFORD, the Chairman of the Standing Committee, read a report upon the diseases which had prevailed in the county during the past year. Upon motion, the thanks of the Society were tendered to Dr. MULFORD for his able Report, and it was directed that it should be forwarded to the *N. J. Medical Reporter*, for publication. A discussion followed, in relation to certain matters alluded to in the report, viz: the tendency of intermittent and remittent fevers, of malarious origin, to assume a typhoid form, and as to what distinction was to be made between such *typhoid forms* of fever and *genuine typhoid* or *enteric fever*. The delegates to the State Medical Society and to the Ameri-

can Medical Association having made their reports, the President, Dr. WOODRUFF, delivered an admirable address upon the subject of Oxide of Silver as a Medicinal Agent.

The election of officers being next in order, the following gentlemen were appointed: *President*, Dr. SNOWDEN; *V. President*, Dr. B. HENDRY; *Secretary and Treasurer*, Dr. DEAN; *Standing Committee*, Drs. COOPER, STOUT and DEAN. Dr. COOPER and Dr. WOODRUFF were appointed Delegates to the American Medical Association, to meet at Detroit, Mich., in May, 1856. Dr. SNOWDEN, Dr. STOUT, Dr. B. HENDRY and Dr. BIRDSSELL, were appointed the Delegates to the State Medical Society. The name of Dr. Bartholemew was stricken off the list of members, it being understood that he had openly avowed his intention of practising homœopathy, farther connection with the Society under such circumstances being impossible. On motion, it was directed that an abstract of the proceedings of the Society should be furnished to the *N. J. Medical Reporter* for publication, along with the report of the Standing Committee.

RICHARD C. DEAN,
Secretary.

CAMDEN, June 20th, 1855.

* * We shall endeavor to make room in a future number for extracts from the report of the Standing Committee. Will not the President furnish us with a copy of his address, for publication? [Ed. N. J. MED. REP.]

HUNTERDON Co., N. J.—The annual meeting of this Society was held at Flemington, May 8, 1855. Drs. LEAVITT and J. A. GRAY were unanimously elected members. Dr. W. A. HOUGH was proposed for membership. Officers were elected as follows: *President*, Dr. JOHN BLANE; *V. President*, A. S. CLARK; *Treasurer*, Dr. JOHN F. SCHENCK; *Secretary*, Dr. JOHN A. GRAY. A resolution was passed recommending the *Reporter* to the support of the members. At a special meeting of the Society, held at Flemington, June 19th, the following resolution was passed unanimously: *Resolved*, That we regard the resolution offered by Dr. J. H. PHILLIPS, and passed by the Medical Society of New Jersey at their annual meeting, entirely uncalled for, and calculated to injure the professional character of Dr. JOHN F. SCHENCK, in whose legal acquirements and credentials we have always had the utmost confidence; and also, we regard that resolution as unjustly reflecting upon Drs. LILLY and SCHENCK, highly esteemed and beloved members of this Society, and that our delegates be instructed to have that matter fully investigated, and that act rendered null and void.

EDITORIAL.

MEDICAL PROGRESS.

The Stethoscope v. Professor Wellford.

THE new editors of the *Stethoscope* have signalled their advent by admitting into its columns an anonymous and uncalled for personal attack on Dr. Wellford, and that, too, over our shoulders.

The May number of the REPORTER contained an article on the American Medical Association, which referred favorably to Dr. Wellford's address before the Association, at New York, in 1853. The doctrines of that address were so pleasing to the members of the Association then and there present, that a copy of it was requested for publication in the *Transactions*—the first address, we believe, which received that honor.

The ostensible ground of the *Stethoscope's* attack on Dr. Wellford, is the failure of the medical profession in general, and of the Medical College of Virginia in particular, to come immediately up to a standard which had been recommended at several meetings of the Association, and supported on two or three public occasions by Dr. Wellford.

But why the *Stethoscope* should hold Dr. Wellford responsible for what it considers a lack on the part of the profession, we cannot conceive; nor can we see the justice of holding *any* one man responsible for the short-coming of the *great body* of the profession. The fact is, this matter of medical progress, is a target against which many a connoisseur and croaker tilts his lance, for no better reason than Herod had for ordering the slaughter of the distinguished men of his realm at his death.

If the *Stethoscope* wishes to advance the cause of medical progress in Virginia, or elsewhere, splenetic outbursts against the Medical College of Virginia, or one of its professors, is certainly not the best way of accomplishing the object. Much better take hold with that college and its professors in the good work to which they have nobly put their hands, and render it that support which *every* movement, however seemingly unimportant, on the part of our medical schools that savors of progress, has a right to expect at the hands of an independent medical press.

We would respectfully remind our confreres that there are amenities and courtesies in editorial life, and that the lack of these, toward individual members of the profession, or attacks on medical schools, are no evidence of independence.

We are sorry, if personal feelings, aroused by disappointed aspirations, have had anything to do with the course of the anonymous writer in the *Stethoscope*. The editors or proprietors of that Journal cannot afford to place themselves under any such influences, besides their being wholly unbecoming the independent position which the *Stethoscope* claims to hold.

As to medical progress, we believe that the Medical College of Virginia, and indeed *all* our medical colleges, and the profession generally, *are* making steady and sure progress, despite the croaking of some of our contemporaries, and we attribute much of this progress to the influence of the American Medical Association. That this progress may continue, and that it may receive the cordial support of the periodical literature of the profession, is our earnest hope.

Hiccough.—The *Dublin Medical Press* recommends as a specific for this troublesome affection, the internal use of chloroform in small doses. The dose should be repeated as often as the hiccough returns, and two or three appeals to the remedy may be necessary.—*Virg. Med. and Surg. Journal*.

A simple, and an efficacious remedy for *ordinary* cases of hiccough, is, *the elevation of the arms over the head, reaching as high as possible with both arms, until a few spasms have been omitted.* We have never known this simple remedy to fail.

Gum Mezquite.—In our April number we copied an article on this native gum, which is proposed as a substitute for gum Arabic. We have recently received a specimen of the gum from Dr. G. E. Bourford, of Fort Smith, Arkansas. It has very much the appearance of the gum senegal of the shops, and with a little care in selecting the best portions, there is no doubt but it would make a very fair substitute for the foreign gums. It is represented to exist in inexhaustible quantities on the vast plains that lie eastward of the Rocky Mountain range, and will probably be a valuable source of revenue to the States and Territories existing, or in embryo, in those regions. We remember, some years ago, to have heard a Cherokee hunter speak of the great abundance and variety of a species of "wild plum" which grew on those plains, and think it probable that this gum is the product of the tree he attempted to describe to us.

☞ One more number will complete our series of articles on the History of the American Medical Association. The portrait of Dr. Knight, President of the Association for 1853, appeared in the *Reporter* for January, 1854, being the first of the series of which eight have been published. The ninth, Dr. Pope, of St. Louis, will appear in our next.

☞ Our apology for lack of editorial matter may be found in the preceding pages.

CIRCULAR.

To the Medical Faculty of New Jersey.

We would call the special attention of the District Medical Societies, and the profession generally to the following circular of Dr. Smith.

The intelligent physician is aware of the importance of the history of epidemics, of the influences which cause them, and the means by which their ravages are checked. It is to be hoped, therefore, that the profession of New Jersey will furnish their *Reporter* with facts, that he can make the foundation for a report to the American Medical Association next May, that will be creditable to the State.—*Ed. N. J. Med. Rep.*

The undersigned having been appointed by the American Medical Association at its late meeting in Philadelphia, "Special Committee for New Jersey, to report upon the Medical Topography, epidemic diseases, and most successful treatment thereof," begs leave to call the attention of his professional brethren in the State to the subject, and respectfully asks of them information, such as will enable him to make a report next May at Detroit.

It is desirable to have the latitude, longitude, and altitude above the ocean, of each county, and, if practicable, township, in the State, its geological formation, soil, and productions; the character of its water, the effect of improvements on the health of the community, and meteorological observations.

Particular information is requested in regard to epidemics, their causes, preventives, and remedies; their symptoms, time of appearance, duration, and mortality; detailing the most successful treatment, and their effect upon the healthfulness of the community after the epidemics have passed off.

All diseases which approach an epidemic type in any locality, come within the range of investigation, and it is hoped will receive the attention of Reporters.

For all information received, full credit will be given in the report, and as the appointment is to continue for three years, it is hoped that every portion of the State will be reached.

It would facilitate the work very much if the District Medical Societies would appoint in each, one or more competent persons to take charge of it, and report early in the year 1856.

All communications may be addressed to the undersigned at Newark.

L. A. SMITH.

NEWARK, July 7, 1855.

N. B.—Editors of papers in this State, are requested to publish this circular, and call attention to it.



THE

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ART. I.—*History of the American Medical Association.*
By ONE OF ITS MEMBERS.

AT the close of the great Anniversary Meeting of the Association in New York, May 6th, 1853, a deep feeling of sadness was communicated to the whole profession, by the sudden death of *seven* members at Norwalk, Connecticut, on their way home from the meeting. The railroad train in which they were proceeding homeward, ran off an open drawbridge, at Norwalk, plunging with all its freight of human lives into deep water, where a large number of passengers immediately perished. Among the latter, were Abel L. Pierson, M. D., of Salem, Massachusetts; Archibald Welsh, M. D., of Hartford, Connecticut; Josiah Bartlett, M. D., of Stratham, New Hampshire; Samuel Beach, M. D., of Bridgeport, Connecticut; James M. Smith, M. D., and James H. Gray, M. D., of Springfield, Massachusetts; and Wm. C. Dwight, M. D., of Moscow, New York, all of whom were esteemed members of the Association. Soon after the facts in relation to this sad catastrophe were known, such members of the Association as yet remained in the city of New York, assembled and passed resolutions of respect for the dead, and appointed a committee, consisting of Drs. Joseph M. Smith, F. Campbell Stewart, J. W. G. Clements, Wm. Rockwell, Isaac E. Taylor, Edward L. Beadle, and John Watson, "to devise some suitable method of commemorating the event, and the worth and professional character" of those who had been thus suddenly cut off; and to report the same to the next annual meeting of the Association. At the succeed-

ing annual meeting of the Association, this committee recommended that a narrative of the event, together with a brief biographical sketch of each individual, should be prepared and published in the *Transactions*. This recommendation was approved by the Association, and the Biographical Sketches were prepared, and may be found in the VII. volume of the *published Transactions*.

The long pending propositions for amending the Constitution of the Association, having been disposed of at the annual meeting in New York, there was no subject particularly affecting the national organization, which was discussed during the year.

The annual address of the President, Dr. Wellford, had again called the attention of the profession very strongly to the defective character of the preliminary education of those who engage in the study of medicine, and had induced some state and local societies to take action in reference to it. At the meeting of the Medical Society of Virginia, held in April, 1854, the following resolution was discussed and unanimously adopted, viz:—

“*Resolved*, That the members of the Society now present, do hereby pledge themselves to each other, that they will not receive under their instruction, as students of medicine, any individual who is grossly deficient in either mental or moral endowments, or in that preliminary education which is necessary to fit him for entering a profession requiring high intellectual and moral qualifications; and that we respectfully and earnestly recommend to our brethren throughout the State to adopt a similar rule of action.”

As the next annual meeting of the Association was to be held in St. Louis, Missouri, the profession throughout the Western and Northwestern States was prompted to increase and extend its social organizations, and thereby to advance in an equal ratio all its educational interests.

The delegates and members of the Association attending the Seventh Anniversary Meeting at St. Louis, assembled in Verandah Hall, at 11 o'clock A. M., and were called to order by the senior Vice-President, Dr. Usher Parsons, of Rhode Island; the President, Dr. Jonathan Knight, of Connecticut, being absent. The local Secretary, Dr. E. S. Lemoine, of St. Louis, read letters

from Dr. Knight, the President, and Dr. Edward L. Beadle, the senior Secretary, explaining their absence and expressing their continued and deep interest in the prosperity of the Association. Dr. J. R. Washington, of St. Louis, chairman of the Committee of Arrangements, in behalf of the profession of the city of St. Louis, and the State of Missouri, very cordially welcomed the delegates and members of the Association; and read the list of those in attendance so far as they had been registered.

The Vice-President, Dr. Parsons, responded to the remarks of Dr. Washington, in behalf of the Association, and announced that the meeting was duly organized for the transaction of business. The remainder of the morning session was occupied in the appointment of a Nominating Committee, consisting of one from each State represented; the hearing of the report of the Treasurer and Committee of Publication; and the reception of invitations to hold the next annual meeting in Philadelphia, and Detroit. During the afternoon session, communications were received from Dr. J. G. Adams, of New York, in relation to a presentation of the *Transactions* of the Association to the Imperial Academy of Medicine at Paris; from the New Hampshire Medical Society, in relation to the propriety of admitting delegates to the Association from societies which number among its members persons who adopt and practise some one of the forms of empiricism; and from Dr. McIlvaine, of Ohio, in reference to the organization of the American Medical Society of Paris, and accompanied by a memorial in reference to the system of Medical Education in the United States. On motion of Dr. S. D. Gross, of Ky., the following resolution was adopted by an almost unanimous vote, viz:—

“Resolved, That it be recommended to all future Committees of Arrangement of this Association, that they dispense with costly and extravagant entertainments.”

Dr. Gross also proposed the following amendment to the Constitution, which was laid on the table until the next annual meeting of the Association, according to the rule governing constitutional amendments.

“Whereas, It is of great importance to the harmony and good feeling of this Association, that its presiding officer should be fully acquainted with parliamentary usages, and the mode of presiding over deliberative assemblies, therefore,

"*Resolved*, That that part of the Constitution which relates to the election of officers be so amended as that the election shall take place immediately before the adjournment of each meeting, instead of immediately after its commencement."

Dr. J. P. White, of Buffalo, chairman of the Committee on Nominations, reported the following, viz :—

For President.

CHARLES A. POPE, of Missouri.

Vice-Presidents.

E. D. FENNER, of Louisiana; N. S. DAVIS, of Illinois;
WILLIAM WRAGG, of South Carolina; JOHN GREEN, of Mass.

Secretaries.

E. S. LEMOINE, of St. Louis, Mo.; FRANCIS WEST, of Phila., Pa.

Treasurer.

D. FRANCIS CONDIE, of Philadelphia, Pa.

The report of the Committee was accepted, and the officers proposed unanimously elected. The city of Philadelphia was also selected as the place for holding the next annual meeting of the Association. At a former annual meeting, a committee had been appointed to procure a stone with a suitable inscription for the monument to the memory of Washington. Dr. John L. Atlee, of Pa., chairman of this Committee, reported "that he had adopted, at the suggestion of the lamented Dr. Pierson, of Salem, the design for the stone, representing Hippocrates refusing the presents of the ambassadors of King Artaxerxes, who invited him to go to Persia and succor the enemies of Greece. The sculpture, which is upon Vermont marble, was wrought by Mr. Samuel Beck, a young artist of Lancaster Co., Pennsylvania." Dr. Atlee presented to the Association daguerreotype copies of both the picture and the sculpture, and solicited further contributions from members; about four hundred dollars more being required to complete the work. On the morning of the second day, the reports of committees being in order, the following were received, and referred to the Committee on Publication, only abstracts of the same being read to the Association.

On Epidemic Erysipelas. By R. S. Holmes, M. D., of St. Louis.

On The Epidemics of South Carolina, Florida, Georgia, and Alabama. By D. J. Cain, M. D., of Charleston, S. C.

On The Epidemics of Tennessee and Kentucky. By W. L. Sutton, M. D., of Georgetown, Ky.

On The Epidemics of Ohio, Indiana, and Michigan. By George Mendenhall, M. D., of Cincinnati.

On The History of the Yellow Fever in New Orleans, in the summer of 1853, and on Cholera. By E. D. Fenner, M. D., of New Orleans.

On Medical Education. By J. L. Cabell, M. D., of Virginia.

Dr. C. A. Pope, chairman of the Committee on Prize Essays and Volunteer Communications, reported that nine essays had been submitted to the examination of the Committee; but they had awarded only one prize. The essay thus honored, was entitled *An Essay on a New Method of Treating Ununited Fractures, and Certain Deformities of the Osseous System*, and its author was Daniel Brainard, M. D., of Chicago, Illinois.

The Committee on Nominations reported the names of thirty-seven committees, on a great variety of subjects, to report at the next annual meeting of the Association; and also the usual standing Committees on Medical Literature, Medical Education, Prize Essays, Arrangements, and Publication. The report was accepted, and unanimously adopted, except that part of it which related to the appointment of a Committee on Publication. Since the first organization of the Association, the majority of the Committee on Publication had been located in Philadelphia, and the printing of the *Transactions* had been done in that city.

But the Nominating Committee had, in their report, recommended the selection of a chairman with the majority of the members of that Committee, from members of the Association residing in New York. This recommendation was strenuously objected to, on the singular pretence that the change of location would be an implied censure on the former Committee on Publication; and it consequently led to a protracted and warm discussion, during which the action of the Nominating Committee, together with the principle that *all* the committees of the Association are subject to the utmost freedom of change annually, was sustained by Drs. Sayre, of New York; Eve, of Georgia; Breckenridge, of Kentucky; Davis, of Illinois, and others; and opposed

by Drs. Storer, of Boston; Reyburn, of Missouri; and Atlee, of Pennsylvania.

After various efforts to amend, the original report, recommending a majority of the Committee on Publication to be selected from New York, was adopted by a large majority.

The following resolution was then unanimously adopted:—

“Resolved, That a vote of thanks be returned to the late Publication Committee, for their best endeavors to serve the American Medical Association.”

The resignation of Dr. D. F. Condie, of Philadelphia, as Treasurer of the Association was presented, and Dr. Isaac Wood, of New York, was appointed in his place.

Among the many resolutions proposed, discussed, and acted upon during the several daily meetings of the Association, were the following, viz:—

“Resolved, That, hereafter, the majority of the Committee on Publication shall be selected from the physicians of that city in which this Association may hold its annual session.”

This was offered by Dr. Breckenridge, of Ky., and adopted.

“Resolved, That, hereafter, every paper received by this Association, and ordered to be published, and all plates or other means of illustration, shall be considered the exclusive property of the Association, and shall be published and sold for the exclusive benefit of the Association.”

“Resolved, That this Association earnestly recommend to their medical brethren, in those States in which societies do not exist, the immediate organization of State and county medical societies.”

“Resolved, That a committee of one be appointed by the Chair, to inquire into the causes which obstruct the formation and establishment of our national medical literature, and to report on the subject at the next annual meeting of this Association, or as soon thereafter as practicable.”

The Chair appointed Dr. S. D. Gross, of Ky., said committee.

“Resolved, That a committee of three be appointed by the Chair, to report, at the next meeting of the Association, the best

means of preventing the introduction of disease, by emigrants, into our country."

The Committee appointed, consists of Drs. S. H. Dickson, of Charleston; J. H. Griscom, of New York; and E. D. Fenner, of New Orleans.

The annual meeting at St. Louis, though not attended by as large a number of delegates as the one that preceded it in New York, was nevertheless well attended, and productive of much pleasure and profit. The local profession of St. Louis, spared nothing to render the stay of the members of the Association as pleasant as possible. Besides providing a most elegant and sumptuous general entertainment on the evening of the third day of the session, the most pleasant social interviews were held at the private residences of several of the most distinguished physicians each evening, and also at the residences of ex-Mayor Kennett and Col. O'Fallen. Invitations were extended to visit all the public institutions, colleges, &c., and to make a free excursion on the Pacific Railroad. The latter invitation was accepted by a part of the members, with their ladies, whose enjoyment on the occasion will not soon be forgotten. The annual meeting was closed after adopting the usual complimentary resolutions, on the evening of the third day of the session. And here we must close, for the present, our history of an institution, which, in its origin, objects, and general career, has no parallel in Christendom. But we should not feel satisfied with our task, without adding a few pages by way of comment on the facts of the past, and the prospects of the future.

ART. II.—*An Essay on Animal and Vegetable Life.*

By JOHN B. PHILLIPS, M. D.

(CONTINUED FROM PAGE 408.)

HAVING said thus much of the germ and its peculiar properties, I pass to the consideration of the effect of temperature.

The importance of heat in the production and maintenance of all forms of life is obvious to all. Heat, it has been said, is life

itself, and there can be no doubt of its being an ever-present and indispensable condition. From before the time of Pythagoras to the present day, philosophers have been divided in their opinions as to the nature of the vital principle. One class maintain that every particle of matter is possessed of vitality, and is complete in itself. And this will not appear so absurd if we consider the innumerable transformations and metamorphoses that are continually being effected in the inorganic world. Take crystallization for an example.

The other doctrine, being that which was promulgated by Pythagoras, teaches that matter is *inert* in itself, and can only be excited to action by some extraneous force.

Now if we accept the latter doctrine as the true one, we have already a force of forces adequate to the production of all vital phenomena in the primary germ. But this force is not always active; it may remain, as it does in some instances, for thousands of years in a static condition. Seeds have been taken from the Egyptian tombs, which, when planted, flourish and grow, though 3000, perhaps 4000 years have elapsed since they were first entombed. Germ force will not act without a definite amount of heat.

Heat, then, is the *great excitor* of all vital actions. It must be of a certain definite quantity, in warm blooded animals, from 98° to 100°.

The sun is the great, unfailing source, not only of light, but, with certain limitations, of life also.

At the north and south pole, external winter, and external death reign; in the tropical and temperate zones, earth, sky, and ocean all teem with vegetable and animal life.

Heat is so intimately associated with light that they are always found together, and it is with some difficulty that they are disconnected. In many of their properties they are analogous; they are reflected, transmitted, and polarized in precisely the same manner. Nevertheless, they may be separated, as the simple experiment of holding a glass before the fire will show, the heat for a time being arrested, while the light is transmitted.

Modern science has proved that the sun's rays are divisible into three distinct kinds, one producing light, another heat, and a third, chemical action, in other words, calorific and chemical.

In the year 1672, Sir Isaac Newton first promulgated the doctrine of the compound character of the sun's rays. In as few words as possible, allow me to describe his celebrated experiment.

Every one is aware that, from making an aperture in a window shutter of a dark room, and permitting strong light from the sun to enter, a luminous circle will be made on the opposite wall. This luminous circle is called the spectrum, or sun's shadow, and is of a uniform white color. Now, by placing a triangular, transparent prism a little behind this aperture, so that the rays of the sun must pass through it, a remarkable change must be effected, both in the shape and in the color of the shadow or spectrum on the wall. It is no longer circular, but elongated, like the shadow of a cylindrical body.

But what is still more remarkable, instead of the uniform white, it now exhibits all the colors of the rainbow, the lower of which is red, then orange, yellow, green, blue, indigo, and violet.

By causing the colors separated by one prism, to pass through a second of the same power, in an inverted position, the seven colors disappear, and the white spot returns.

Hence, Sir Isaac Newton inferred that the solar ray was composed of seven primary colors. Sir William Herschel has since discovered another, above the violet; but Dr. Brewster has shown that the seven colors of the spectrum are reducible to three, namely, red, yellow, and blue.

By placing the bulb of a thermometer in the different colored spaces, Sir William Herschel discovered that there was an essential difference in the amount of heat present, it being greatest in the red space, and decreasing gradually to the violet, which was its minimum point. Subsequent experiments convinced him that the point of maximum heat was beyond the red space, and in this view he was supported by Sir H. Davy. This point was contested for some time, some asserting that it was in the red space, some that it was beyond it, and others that it was in the yellow. The matter was finally set at rest by the experiments of Malloni, who, using a prism of rock-salt, succeeded in obtaining the point of maximum heat, so far beyond the red space as to leave no longer any room for doubt.

The result of all these experiments, was the establishment of the fact, that the solar rays are composed partly of calorific or heat rays, which are distinct and separate from the rays of light proper. *Secondly*, that these rays are of different degrees of refrangibility.

By using a prism of rock-salt, the point of maximum heat is far beyond the red space; using successively media of different powers, it approaches first nearer, then to the red space, then to the yellow, then to the violet side of the yellow, and finally, by causing the rays to pass through water, and then through glass colored with the oxide of copper, the calorific rays are completely absorbed, so that no effect is produced on the most delicate thermometer. Thus the independent character of the calorific or heat rays is successfully established.

The chemical power of solar light is well known. Plants that grow in the dark, are of a pale and sickly hue. By a course of experiments similar to those just described, Dr. Wollaston established the fact that there is a distinct chemical ray, differing equally from the rays of light and heat. Instead of the point of greatest chemical power being in or below the red space, as in the case of the calorific ray, it follows an entirely different law, being situated directly at the opposite end of the spectrum, a little beyond the violet space, and decreases gradually in power down to the green, where it disappears.

Now we know that in the vegetable world all the changes of the crude plasma into proto-plasma, or the proximate elements of the food of plants, is effected by means of chemical action. Hence it follows, as an absolute necessity, that where the greatest amount of chemical rays are concentrated, there will the plant flourish the best; and astonishing as it may seem, though it is strictly in accordance with what should logically happen, this is found to be precisely the case.

In the red space of the spectrum there are no chemical rays.

A seed exposed in that situation, under favorable circumstances, will not germinate. In the yellow light there is a feeble attempt at germination, but the plant soon perishes. In the green a very feeble plant is produced. In the blue, and above where we have found the greatest amount of chemical power concentrated, the plant flourishes and grows luxuriantly.

To explain the phenomena of light and heat, two theories have been proposed; the corpuscular theory of Sir I. Newton, both from its intrinsic merit and through the influence of his great name, was formerly most generally received; but scientific men, with Sir W. Herschel at their head, now generally reject the theory of Newton.

Another hypothesis was started about the same time as Newton's, by Huygens, also an accomplished scholar and a profound mathematician. His idea was that there is distributed throughout the universe an extremely subtle and elastic fluid, or ether, which not only fills all space, but pervades all bodies, and surrounds each molecule of matter; that in this fluid luminous bodies excite waves, which are propagated with inconceivable rapidity in the same manner that they are produced in the air and on the surface of water. It is of such extreme rarity, as to offer no resistance to the motion of the earth or planets, possessing inertia with gravity.

It is calculated to be 490 millions of times more elastic than our atmosphere, bearing about the same proportion to it in density, as solid granite does to common air.

The inconceivable rapidity of its undulations have been calculated by mathematicians with a proximate degree of certainty, and the astounding result announced, that in a single second 490 millions of millions of vibrations are produced. They tell us that the sensation of color depends upon the number of vibrations in a given time. The number I have just mentioned produces the red ray. The vibrations increase from the red to the violet, which is greatest.

To produce the impression of the violet color upon the retina, it is necessary that 727 millions of millions of vibrations should strike upon it in a single second of time.

This is not romance, but science, and is supported by the high authority of such men as Sir W. Herschel, Dr. Young, Arago, and Airy.

It explains many of the phenomena which the corpuscular theory of Sir I. Newton fails to do. Astronomers have observed that the period of the return of Encke's comet to its perihelion, is materially shortened every time it makes its appearance, furnish-

ing one of the strongest proofs of the existence of a resisting medium in space.

A different character or number of undulations produces heat and another chemical action. In other words, light, heat, and chemical action, are merely different states, or different manifestations of this all-pervading, all-surrounding fluid or ether.

This subject is pregnant with such interest, that I leave it with reluctance, but I must pass on to the last division of my subject—the influence of atmospheric air—in which connection I will speak of animal heat.

The composition of the atmosphere is well known. For common purposes, it will answer to say, that it is composed of four-fifths of nitrogen and one-fifth of oxygen gas, not chemically united, but mechanically mixed together; and floating in it we find a small portion of the vapor of water and carbonic acid gas. Ammonia is also known to be present, though not appreciable by chemical tests. Oxygen is the most widely diffused elementary substance in nature; its range of affinities are far greater than any other. It enters into chemical combination with all the gases, metals, and earths. Uniting with hydrogen, it forms water; with nitrogen, air; and with the metals and earths, it forms the principal part of the solid structure of the earth. Of all known bodies, it is the most active in its affinities, being the great decomposing agent.

Nitrogen, on the other hand, is very feeble in its affinities, forming very few combinations with inorganic matter. It is the most indifferent substance known, and serves to dilute the oxygen which otherwise would, by its activity, destroy all animal and vegetable life.

The portion of carbonic acid in the atmosphere amounts to about $\frac{1}{1000}$ th part of its entire weight. This is so small as not to affect the life or health of animals, to whom, when breathed into the lungs, it is a poison, while at the same time it is amply sufficient for all the purposes of vegetation.

Now, an analysis of oak-wood shows that about one-half of it is composed of carbon. Whence is this carbon derived? It must come either from the earth or from the atmosphere.

It was formerly supposed to be obtained principally from the

soil, but more recent investigation proves to a demonstration that it comes almost exclusively from the air.

This is shown, in the first place, by the fact that all plants flourish in carbonic acid gas, while they dwindle and die in other gases where carbon is not present.

Again; place a growing plant in carbonic acid gas, and after a time we find that the carbonic acid gas has disappeared, and we have oxygen in its place. Here, then, is proof positive that the leaves of growing plants absorb carbonic acid gas and eliminate oxygen; and, consequently, that the great source of the carbon which constitutes one-half of all vegetable structures, is the atmosphere alone. Indeed, how could it be otherwise? The only source of carbon in the soil available to plants, is that furnished by the decay of former vegetation. If this were all we had to depend upon, we would all starve to death before ten years. But how could vegetation ever have had a beginning, on this hypothesis? and admitting it had a beginning, it must necessarily have been very feeble.

Now, the immense carbonaceous vegetable deposits that we find, in the shape of coal mines, show that it was exactly the reverse.

There is every reason to believe that, before the earth was fitted for the habitation of man, the early vegetation was far, far more luxuriant than at present. The carbonic acid in the air being more abundant, nourished vegetation to a gigantic growth, while at the same time the earth was rendered unfit for the habitation of man and the higher animals.

That coal is formed from vegetable matter, is admitted by all; and so important a feature do coal formations present in the stratification of the earth, that geologists consider that period as worthy of being set apart as a distinct epoch in its history; and the carboniferous period is referred away back to the beginning of time. The principal parts of the carboniferous deposits in the earth are found between the *old* and *new sandstone*. No remains of any of the higher animals are to be found in either of these formations, but they abound in a great variety of plants. Hundreds of species are found there that are now entirely extinct. The inference is, that long before the earth was fitted for the abode of the higher animals, there was an age exceedingly favorable to

the growth of vegetables. That plants do not derive their carbon from the earth is, again, proved from the fact that there are some that grow exclusively in water, and entirely disconnected with the earth, rising and sinking at different times in the day.

Others, again, live and flourish in the *atmosphere* alone. These aerial plants are very common in tropical climates, where the air is moist; they cling to the branches of trees, and hang down at great lengths. Longfellow, in his "Evangeline," speaks of these "trailing mosses in mid air," as hanging from the "towering and tenebrous boughs of the cypress," and "waving like banners that hang on the walls of ancient cathedrals."

Water, carbonic acid, and ammonia, are the principal constituents of the food of plants. We have seen that carbonic acid is derived from the atmosphere. Both water and ammonia come from the same source; both float through the air in the form of vapor or gases, and both descend to the earth in the rains and dews.

The ammonia is washed out of the air, as it were, by the watery vapors, and is carried down to the roots of growing plants.

The gardener knows that common well-water is not so efficient in promoting the growth of vegetables as rain-water. The reason of this is, that rain-water contains ammonia, while well-water does not.

Rain-water, then, holding in solution this ammonia and a small portion of the mineral constituents of the soil, is absorbed by the roots of plants; from thence it is carried up to the leaves, through the circulating vessels, and then undergoes aeration. The leaves effect a series of chemical changes; the carbonic acid of the air is decomposed and the carbon assimilated; the water in the sap is decomposed, and a portion of the oxygen thrown out. The sap is thus fitted for the nourishment of the tree, and is returned to it from the leaves, and thus contributes to its development and growth; and this is the whole process.

You see, therefore, that vegetation is chiefly dependent upon the air for its subsistence. Set fire to a haystack, and compare the ashes with the mass that has disappeared, and it will show how much was furnished by the air and how much by the soil.

The earthy portions remain on the earth, while the oxygen, nitrogen, hydrogen, and carbonic acid gases, have returned to the air from whence they came. Vegetation, then, is principally a combination and condensation of the superfluous vapors and gases that were formerly floating about in the air, effected by means of the vital power in the roots and leaves of plants.

Of the uses of atmospheric air in the animal economy, I shall speak of but one, and that is, the production of animal heat.

The heat of man's body is a constant quantity. It is the same in winter and in summer—at the equator and at the poles.

Now, as the animal body does not differ materially from other bodies in its capacity for conducting and radiating heat, it is evident that it must possess some means within itself of regulating its temperature.

This was formerly attributed to the unknown principle of vitality; but it is now satisfactorily shown to be the result of a chemical union of carbon and oxygen in the blood. The vital principle only elaborates an organism; it cannot create matter, either ponderable or imponderable. Heat is generated in the system in the same manner as in a common stove. One-fifth of the air we breathe is composed of oxygen gas, and $\frac{1}{1000}$ th part of carbonic acid. But in the air exhaled from the lungs, we find that the oxygen is displaced, and we have carbonic acid in its stead. But carbonic acid gas is composed of two parts of oxygen and one of carbon. As the oxygen has disappeared from the air that was inhaled, it must have entered into the system; and the carbonic acid exhaled must be *formed* in the system.

The source of the two parts of oxygen of which carbonic acid gas is composed, is already formed in the air; but there is one part of carbon in its composition whose oxygen is yet to be sought.

Whence is this derived?

Animals obtain their food either directly or indirectly from the vegetable world. I have already stated that carbon is the principal element in the composition of vegetables; and a chemical analysis of the different organs and tissues of the animal body, shows that at least one-half of its substance is composed of carbon alone.

In the early part of my essay, I endeavored to impress the

fact, that there is a continual breaking up and disintegration of every part of the human body, and a consequent return of the vital tissues to their dead inorganic elements. Therefore, the amount of carbon set free in the system must be very great.

At the same time, it is necessary that this carbon should be carried out of the system, else it will clog the machinery of life. The water that passes over the mill-wheel must pass away at once; if there be back-water, the large wheel and all its connecting machinery is instantly arrested. How, then, is this carbon carried out of the system?

In the corporeal structure, it is solid. Solids will not travel through the body without injury, except in the alimentary canal, and this the dead carbon of the tissues has no means of reaching. It must pass off, then, either in a fluid or gaseous state. We have seen that the lungs are continually throwing off carbon, in the form of carbonic acid gas; it is calculated that an ordinary man expels between seven hundred and eight hundred pounds of carbon from his lungs every year of his life. Need we look further? Is not the case made clear, that the carbon of the system is carried off in the shape of carbonic acid gas?

The arterial oxygenated blood pouring through all parts of the system, meets in its course with the effete dead carbon of the tissues; having a strong affinity for each other, a chemical combination takes place, and carbonic acid is formed and thrown into the veins; from the veins it is carried to the lungs, and then expelled from the system altogether.

Now, in the chemical union of carbon and oxygen in the blood, we have the source of animal heat.

ART. III.—*A Complicated Case of Labor.*

By R. DOUGLASS, M. D.

EVERY organized being possesses the power of providing for its own conservation, of resisting whatever tends to its own destruction, and of restoring what it has lost. Nature, when not thwarted in her designs, is perfect in all her works; and where

her work sustains the slightest injury, or is afflicted with the gravest malady, you will see a proportionate concurrence of conservative efforts put forth to repair that injury. What could art effect were it not for this medicatrix force of nature? It could produce nothing, but, so far as the profession is concerned, disappointment and entire distrust, followed by total abandonment of the science; and instead of employing, in this connection, the old familiar term "*healing*," they would be forced to exclaim, *helpless art*! But in bringing art to the aid of nature, we must keep a steadfast eye to the *vis medicatrix naturæ*, and guard, as far as possible, against that *medecina perturbatrix*, which invariably exerts her influence in preventing a natural cure.

The following case is designed to illustrate, in some degree, the doctrine of the harmony which should ever exist between the "healing art" and the vital force of nature which we have referred to above.

In the year 1851, was called to see Mrs. —, æt. 21, then in the full time of her first labor. On making an examination, found the presentation to be a preternatural one. The part presenting could not at the time be exactly ascertained. In place of coming in contact with a round bony substance, the finger entered a cavity, in feeling, like that of the axilla. The patient was then placed in a proper position for a thorough examination, and to afford, at the same time, facility in turning, should the case require it. In making a second examination, we found, to our surprise, the head presenting; and when this circumstance was mentioned, the patient then declared that "she felt something turn within her." Was there not, in this case, spontaneous evolution? But the chief thing to be brought forward, in relation to the case before us, appears, as far as our reading extends, to be among the strangest of incidents. The truthfulness of this will be especially acknowledged in connection with the fact, that the pains and pulse were regular, the system cool, the *os* sufficiently dilated, and the parts well lubricated. In a word, the only obstruction discoverable, in any part of the passage of descent from the cervix uteri to the lower outlet, was the clitoris, which, by its preternatural dimensions, nearly filled the whole of the vulva. The pains were of the most severe kind, such as have been seldom witnessed even under the influence of the *Secale cor-*

nutum. Had we lost sight of the favorable state of the system at the time, and kept the eye singly fixed upon the uterine propulsive force, we would have concluded that everything with which the child should come in contact must be rent to pieces. So great and so rapid in succession were the pains, that the head was soon on the floor of the pelvis, and, of course, as the perineal tumor formed, a more than ordinary precaution, as some would teach, became necessary to prevent laceration. Gentle support, more assisting than revulsive to the efforts of nature, with free unexciting anointing of the soft parts, became imperative. The second stage of labor, notwithstanding the blocking up of the vulva, at least that degree of it which remained after the usual means for the diminution and dilatation of parts, continued, probably, not more than an hour, until, through nature's *vital force*, not only the head, but also, and without the usual pause, the child, entire, was born, but born, apparently, in a state of complete asphyxia, evinced, not only by the darkness of the face, but, likewise, by that of the body and feet. The chord was small and flaccid, while the attenuated frame gave full evidence of insufficient nutrition. However, by various means and untiring effort, resuscitation was at length effected.

In putting the hand under the child, we found something that seemed altogether preternatural to the touch, and which, at the time, was lost sight of; but after the chord was tied, and the child removed, we made an effort to ascertain what it could be. The hand being introduced under the clothes a second time, the thing referred to was found not to be the placenta, which was still firmly adherent, and which, with much caution, had to be taken away, while the former remained as before. After the removal of the placenta, the thing anomalous, was found to be the posterior half of the lining membrane of the vagina, with its usual appendages of bloodvessels torn from the *utero-vaginal symphysis, down to the labia minora*. Fortunately for the patient, the recto-vaginal septum was not destroyed, nor its integrity materially affected. There was, as might be expected, a great twitching of the spinal sacral nerves, and symptoms of uterine inflammation set up. The breasts, which were full and tense, became flat and flaccid, while the milk vicariously flowed from the vaginal orifice, and was full three months before it returned

through its natural channels. In a word, the prognosis drawn from the general symptoms was, in a high degree, unfavorable. The nature of the case required great watchfulness and care, and presented to the mind the following indications: First, to subdue all inflammatory action; Secondly, to calm the nervous irritation; Thirdly, to assist nature in her efforts to heal; and . Fourthly, to adopt means to prevent contraction of the parts in the process of cicatrization.

In guarding against prolixity, we intentionally keep from giving in detail, or bringing out in strictly consecutive order, the *minutiae* included in the above indications. However, the antiphlogistic regimen was strictly pursued. The patient was confined to barley water and thin gruel. Small powders composed of hydrar. chlor. mit., ipecac., and sulph. morph. *tris-die*, together with enemas were administered. These, with sudorifics and abdominal fomentations, soon subdued the inflammation, and restored the suppressed lochia.

In attending to the second indication, it was necessary to look to the local lesion, in order that there might be no augmentation of the nervous irritation from that quarter, and which would tend to prevent the subjugation of that already existing. Here we had, in some measure, to anticipate the third indication, viz: to assist nature in the healing process. Mild vaginal injections were frequently employed to keep the lochia from irritating the raw surface with which it had to come in contact, and thus, so far, prevent any increase of an irritation already too great. But while the case demanded such preventives, it became necessary to administer nervous sedatives, such as spts. æth. nit., and spts. æth. sulph. comp., &c., which, while they answered their intended end, at the same time accorded well with the first indication.

In attending to the third indication, it was not only necessary to guard as much as possible against the influence of the acrid discharge by vaginal injections, but also by whatever would harmlessly assist nature in the healing process. This was, in part, accomplished by what may be called tallow vaginal bougies. These contained a slight admixture of finely pulverized alumen—such an admixture as would tend to heal the raw surface, and, at the same time, slightly constrict the relaxed fibres without contracting the caliber of the vagina, or suppress the lochia. In

order to accomplish this object, the bougies were made to differ in their circumferential dimensions, but so short as to lay quietly behind the clitoris, and, also, to facilitate their withdrawal, were furnished with wicks that extended without the vulva. By attending to the above means, with the occasional application of hot abdominal poultices, and thus preventing any suppression of the lochia by the alum, or in any other way, nature, assisted by her *vital force*, kept on the tenor of her course till all was right again.

Was afterwards called to attend the same lady in her second confinement, in which there was nothing anomalous except the absence of the liquor amnii, which, of course, would, as it did, render labor more tedious. This labor resulted in the birth of a plump and healthy boy. Mother and children are now doing well.

Considering the favorable circumstances of the mother during her first confinement—how, we ask, can the state of asphyxia, referred to above, be accounted for, unless by the abnormal presentation converted into a normal one by spontaneous evolution? Or how can we account for the attenuated condition of the child without some defect on the part of the mother, or placenta, and what was that defect? Or can we fix upon a defectiveness of the fundus uteri pathologically to account for the condition of the child; and, if so, would that give rise to the local lesion? Or can we account for this lesion on the principle of spontaneous evolution, or reflex physiology?

There is one thing we are certain of, whether we can solve the problem or not, viz: we do know that such is the recuperative energy of the system, generally, that if we can but make art subservient to the efforts of nature, she can and will accomplish her ends. But what wisdom is here required so as not to follow the suggestions of nature blindly, but in the exercise of a discriminating power—a power to perceive where she is too abrupt, or too tardy in her operations. The great principles of our noble science must be brought intelligently to bear on whatever case, however complicated, or apparently new, that may present itself before us; influenced more by the nature of the case itself than the mere name of a malady that has invaded nature's domain,

and there skilfully bring into requisition the resources of our art, that nature, through her able ally, may conquer all her oppressors, and rise in her glory and strength to reign until her delegated power must submit to the will of Him who gave it.

WOODSTOCK, VA., June, 1855.

ART. IV.—*Geranine*. By C. H. CLEAVELAND, M. D.

THE *Geranium maculatum*, or, as it is popularly called in various sections of our country, the *crane's bill*, *alum-root*, *spotted geranium*, and *crowfoot*, has attracted the favorable notice of American physicians from the earliest settlement of the country.

Barton, who gave a beautiful colored delineation of it in his *Vegetable Materia Medica of the United States*, published in 1817, says: "This extremely pretty plant is much more worthy of cultivation than many of the exotic species of the same genus, so universally nurtured in our greenhouses." He further says of it: "The medicinal virtues of *geranium maculatum* reside, exclusively, in the root, and these entitle the plant to be ranged under the head of astringents, in the materia medica. After saying thus much, it may seem unnecessary to enter into a detail of the particular diseases in which it has been recommended. The encomiastic, and sometimes ill-founded accounts of the medical virtues of a plant, which may have become the particular object of the favor or partiality of an individual physician, too frequently savor of empiricism, and, in fact, the exaggerated reports of the specific powers of medicines have not only done much harm, but never fail to bring into disrepute the subject which they were designed to offer to favorable notice. To no one of our native plants is this remark more applicable, and of none more true than the subject of this article. Not content with substantiating the claim which our native species of *geranium* has to a rank in the materia medica, as a powerful astringent, these physicians, and others who have been particularly led to the employment of it in the cure of diseases, have assigned to it specific powers which it certainly does not possess. With Prof. Barton, I am of the

opinion that the root of the *geranium maculatum* is very nearly a pure astringent, and have no doubt that the proximate principle which has been called "geranine," exerts no influence of any account except upon the *unstriated* muscles of the body.

Coelln is supposed to be the first writer who mentioned the medicinal virtues of this plant. He said: "*Geranium noveboracense (maculatum)*; decoctum, radicis hujus plantar ad dysenteriam nostratibus in usu est." Shoepf also said: "*Radix leniter adstringens, vulneraria habetur et ad dysenteriam laudator.*"

The former erroneous opinions of the medicinal power of this plant, of which Barton spoke, seem to have pretty much passed away. Prof. Wood, in the *U. S. Dispensatory*, says: "*Geranium* is one of our most powerful astringents, and may be employed for all the purposes to which these medicines are applicable. The absence of unpleasant taste, and of other offensive qualities, renders it peculiarly serviceable in the cases of infants, and of persons with very delicate stomachs."

From the analysis of Dr. Stoples, as recorded in the *Journal of the Philadelphia College of Pharmacy*, vol. i. page 171, we learn that the *geranium* contains gallic acid, tannic acid, amadin, a little resin, and a crystallizable vegetable substance whose nature is not known.

The preparation which I send you has not been analyzed, but I suppose it to contain the tannic and gallic acids, the resin, and crystallizable substance, and perhaps the coloring matter of the root. Should any chemist wish, I would be pleased to furnish a sample for analysis, although at present but a very small portion has been obtained.

The sample I now send you was obtained by Dr. Hill, of the drug firm of "F. D. Hill and Co." of this city, from the root of the *geranium maculatum*, by a process almost identical with that which the *U. S. Dispensatory* directs for obtaining tannic acid from galls, only he used an apparatus for perpetual percolation, a drawing and description of which I also send. It is not yet ascertained how much a pound of the root will yield, as, in these first experiments in its manufacture, some losses and inaccuracies have occurred; but probably a pound of the root may be made to yield half an ounce of *geranium*. If so, it will be found that this powder is perhaps twenty-five times the strength of the crude

root, and as the dose of the root is said to be from ten to thirty grains, the dose of this will not exceed one or two grains.

Another preparation has been prepared and sold in this city under the same name, but with that I was so dissatisfied, as to have induced Dr. Hill to have an apparatus made, and try this method. The Messrs. Tilden, of New Lebanon, New York, manufacture a beautiful *Extract of Geranium*, which dries into a solid mass, almost crystalline, that can be rubbed up into a fine powder, and I send you a sample of that also, that you may compare these several preparations.

Within the few past years, the geranium maculatum has attracted the attention of several writers, and it is now ranked among the officinals of the Dispensatory, and of Pereira's *Materia Medica*, and it would seem only to require some convenient preparation, like the geranine, to lead to its general use by the profession.

189 SEVENTH ST., CINCINNATI, OHIO.

ART. V.—*On the Fevers which prevailed in Camden Co., N. J., during the year ending June 19, 1855.* By I. S. MULFORD, M. D.*

INTERMITTENT and remittent fevers began to prevail at the usual periods, but at first presented an appearance which was apparently impressed upon them by the prevailing epidemic.† The accession of each paroxysm would be marked by the occurrence of sickness and vomiting, and sometimes by urgent disorder of the bowels, so that the true nature of the case would be greatly obscured for the time. But few instances were met with in which there was not a disposition of the kind just mentioned. The alvine discharges were sometimes merely feculent, but often were

* Extracted from the Report of the Standing Committee of the District Medical Society, for the County of Camden.

† Asiatic Cholera. For an account of this epidemic, see Report of the Standing Committee of the Medical Society of New Jersey, p. 170, of current volume of the Reporter.

very copious and watery, and in one instance of strongly marked intermittent, there were large discharges of blood from the bowels, recurring with each of the paroxysms.

Yet, whilst these unusual features gave evidence of the operation of some new impressing influence, the peculiar specific nature of the complaint was still maintained, and thus there was manifested, in a remarkable manner, the different action of different causes of disease. It has sometimes been said that disease is really an unit; that inflammation is inflammation, however produced; that irritation is but irritation, let the cause be whatsoever it may. But the fallacy of these dogmas is made manifest in the course of such cases as have just been mentioned. Here, gastric and intestinal irritation, quite urgent in its appearance, is seen to arise, and to go on for a period. Had this arisen from any ordinary causes, as from cold or improper aliment, it would have advanced until checked by treatment, or until it had spontaneously ceased, and then would have entirely and finally disappeared. If the cholera influence had been in operation, and that alone, as in many other instances, occurring at the same time, the disorder would have advanced according to the manner belonging to it, and to it only. But another cause had come into action, that something which we call malaria, and which impresses a special character upon the diseases to which it gives rise. Hence, in these cases, the irritation set up in the intestinal canal was controlled, and subjected in its course to the miasmatic power. Instead of going on, in a steady uniform manner, until its final termination, it was seen to subside in a few hours, and leave the subject in a state of comparative comfort and health; but after a certain determined period, it was renewed, and advanced for a while, until its regular limit was reached as before.

In the treatment of the fevers of the season, it was necessary, of course, to pay regard to the special circumstances existing at the time. The gastric and intestinal disorder, which was so commonly met with, prevented the use of the ordinary anti-febrile remedies. Antimonials were scarcely ever beneficial, indeed, were often injurious, on account of their tendency to keep up irritation; and, to an extent, the same may be said of nitre, the neutral mixtures, and other articles of this class. Small portions of calomel were usually found serviceable, and in cases where

there was much pain or frequent discharges from the bowels, moderate doses of opium or sulphate of morphia were added. When circumstances appeared to call for them, laxatives were given, and, in these mixed cases, were generally entirely safe, but active purgatives were mostly avoided. The leading indications were, to render the secretions natural, allay uneasiness, and restrain inordinate action. A student, having inquired of the late Professor Chapman as to the proper mode of procedure, when intermittent fever was complicated with disorder of the bowels, he replied, that he would cure the bowel affection first, and the intermittent fever afterwards. With some qualification, this must be regarded as a safe and judicious rule, and one that was found applicable in the disease in the past season. Whilst the local disorder continued to be urgent, attention was necessarily directed to it specially. At the same time, this affection was not to be regarded as an exclusive thing; for, if this alone were treated, the disease might become continuous, each returning paroxysm serving, as it were, as a new starting point. Hence, though some degree of irritation should remain in the intestines during the interval, this period was still to be used for the administration of remedies designed to produce a general impression. Antiperiodics were to be promptly and freely given, and when the paroxysms could be in this way prevented, both that which belonged to the case as a strictly periodical disease, and also the intestinal derangement, would at once and entirely subside.

A word should be said in regard to prophylactic treatment. In latter years, and never more than during the past year, much difficulty has been experienced from the frequent recurrence of intermittents. This may have arisen, in part, at least, from the unusual nature of the cases. Such complications as have been noticed, besides their immediate consequences, would also produce and keep up a state of weakness, in which there would be much susceptibility to morbid impressions. But whatever effect may be attributable to this cause, it may be supposed that there is, too, some error or defect in our plans of preventive treatment. Greater attention to minor particulars would probably be found to be of advantage. Special directions should, no doubt, be given in regard to diet, clothing, exposure, and other matters of a similar nature. A proper medicinal course should also be

faithfully pursued, and that for a much longer period than the mere continuance of the paroxysms. The suggestions of the former standing committee as to the most effectual methods of breaking up the intermittent tendency, are worthy of notice, and have, probably, been kept in mind by the members. Upon the same point is a statement by Dr. Woodruff, an authority well known to the society, that, according to his experience, the use of quinine, in doses of three grains daily, upon the 11th, 12th, 13th, 18th, 19th, and 20th days after the arrest of the paroxysms, has almost invariably succeeded in preventing a recurrence of the disease.

Whilst upon the subject of fever, one or two points may be mentioned, to which it would seem desirable that some further attention should be turned. An opinion has gained ground in certain quarters, and to some extent amongst ourselves, that the disorder called *typhoid*, or sometimes *enteric*, fever, is but one of the effects of the miasmatic influence, and, consequently, not to be regarded as having a specific character of its own. It is certain that a disease, which, at least, most closely resembles typhoid, has been found to prevail, at the same time, and under the very same circumstances, as other autumnal fevers, beginning in the same manner as these do, and running on for a time in a parallel course. But it is urged, on the other hand, that genuine typhoid is very commonly met with at such times, and in such situations, as almost to preclude the idea of a miasmatic origin; that it occurs in the cold season, in the centre of cities, and in high mountainous districts. It is further alleged by some, that true typhoid occurs but once in the same subject, agreeing, in this respect, with the exanthemata, in which class, indeed, certain authorities believe that it properly belongs.

In order to arrive at satisfactory conclusions upon this question, close and continued attention will be required. In the first place, it will be necessary to determine what the true characteristics of the disorder really are, so that some other affection may not be mistaken for it. If, after such examination, it should be found that all the essential characters are met with, in cases occurring during the prevalence of miasmatic fevers, springing up and running on with them, there would seem to be ground for the belief, that whether the disease may ever arise from other causes than

malaria or not, it, at least, may sometimes be produced by it. If, however, it should be found that there is immunity from it after one attack, as is asserted by some who profess to have seen much of it, this fact would seem to remove it out of the sphere of our common autumnal fevers; and hence to this point careful attention should be given.

It has been stated that, during the past year, some diseases properly belonging to the warm season, linger on until a very late period. But the return of steady cold was finally productive of its usual effects. Bowel disorders, as well as fevers, disappeared in a great degree. Yet the diseases of winter did not come on in the usual manner, or rather to the usual extent. Eruptive disorders were not met with, except in a few sporadic cases. Catarrhal affections, and pleurisy and pneumonia, occurred in a few instances; but these complaints were not generally prevalent, and were rather moderate in form. The winter, and early part of the spring, may be pronounced to have been unusually healthy. Whether the forces that had prevailed during the preceding season, continued to be in operation, so far as to exert a kind of repressing action, and prevent the rise and spread of the usual disorders, or whether the causes of these latter affections were less active than in other years, it may not be easy to determine. But the former idea would seem to be somewhat favored by the fact, that almost immediately upon the recurrence of warmer weather, the complaints of the last summer and autumn again made their appearance. In the latter part of March, and throughout the month of April, dysentery of a decided character was quite frequently met with; indeed, it might almost be said to have prevailed as an epidemic; a very unusual occurrence at that period. Diarrhoea also became quite prevalent. All these complaints, however, were far more amenable to treatment than had been the case during the past summer, the cases mostly yielding readily to the ordinary remedies, and at this period, too, the diseases were not only milder in grade, but had also lost that something which had caused an intolerance of particular medicines. Anodynes were now well borne. The disorders just mentioned were almost the only ones occurring at the time, except that, in some localities, intermittents again sprang up, and became quite general, and in one neighborhood, too (near Waterford), typhoid

pneumonia is reported to have been unusually frequent. Still, the dominant morbid influence continued to be directed towards the alimentary canal, and, as the season advanced, this disposition appeared rather to increase, though a change was observable in some particulars. True dysentery was more rarely seen, whilst the diarrhoea, which before had been simple, assumed a character of increased severity. It was often attended with disorder of the stomach, and much sickness and vomiting. The alvine discharges were thin, and either colorless, or with only a faint yellow tinge. In some instances there were cramps in the extremities, and a bluish hue of the skin, with other symptoms, which seemed to denote a decided tendency to cholera. Yet the cases mostly eventuated favorably; but one death from this form of disease is known to have occurred within this period. The above mentioned disorder is that which is still prevailing, and which may be said to be the most common disease of the time. Whether it is to subside, and give way to other affections, or whether it may increase, and become a mortal epidemic, as was the case during the last season, no human foresight can determine.

ART. VI.—*Breaking down of a Stone in the Bladder, and discharge of many of the fragments before death.* By JOHN W. SNOWDEN, M. D.*

J. R., aged 72, was obliged, about a year before his death, to retain his urine until the bladder was very much distended. When he passed his water he had violent pain, the urine was bloody, and an attack of strangury came on, which continued several days. After this, he had repeated attacks of strangury, which were brought on by the slightest exposure to cold or moisture. Three months before his death the irritation of the bladder became permanent; the paroxysms of pain and tenesmus being most intense. About this time the bladder was examined by Dr. Fox, of Philadelphia, and myself, but we were unable to detect stone

* Extracted from the Report of the Standing Committee of the District Medical Society for the County of Camden.

in the cavity. The third lobe of the prostate was much enlarged. The urine was strongly acid, contained much pus and mucus, and was filled with floating crystals of lithic acid. During the last two or three weeks of his life, the patient passed thirty-five fragments of stone with his urine. These pieces of stone are nearly all fractured in a pyramidal form, and all have one smooth rounded surface. The fractured surfaces show plainly the concentric layers by which the stones were formed. They consist of phosphate of lime and magnesia, and a few thin layers of lithic acid. Upon examination after death, I found the bladder contracted to one-fourth its natural size, its walls full half an inch thick, and the cut surface resembling a muscle cut transversely; the third lobe of the prostate about three fourths of an inch in length, and half an inch in its transverse diameter. In the cavity of the bladder I found *seventy-seven* pieces of stones and one whole stone, showing the original form of the broken ones, making, with those passed before death, *one hundred and thirteen*. Their size varies from that of a marble down to that of a pea. The remarkable features of this case are: the rapidity with which the calculi were formed, if it be admitted that there were none in the bladder at the time it was examined; and their fractured condition, which must have been effected by contraction of the abnormally developed muscular coat of the bladder.

B I O G R A P H Y.

ART. VII.—*Biographical Memoir of Charles A. Pope, M. D.*

DR. POPE was born in Huntsville, Alabama, on March 15, 1818, consequently, being now in the 37th year of his age.

His primary education was received at Greene Academy, in his native town. He subsequently passed through the prescribed courses of collegiate study in the University of Alabama, and immediately afterwards commenced the study of law. Finding, however, that the sedentary habits necessary to its prosecution, were incompatible with his then rather delicate constitution, he abandoned it for the study of medicine.

He began his medical studies with Drs. Fearn and Erskine, of Huntsville; the former being already widely and well known as a surgeon, and the latter ranking high as a physician. For both these gentlemen, Dr. Pope has always entertained high admiration and regard; he has always looked upon them as perfect types and exemplars in a social as well as a professional point of view. It was doubtless fortunate for the subject of this notice, that his early professional education was confided to such men. His own early eminence may be in a great degree attributable to their influence and example.

Dr. Pope attended his first course of medical lectures in the Cincinnati Medical College. Dr. Drake was then at its head, and in the height of his fame and popularity as a teacher. He was the idol of the class, and has always been regarded by Dr. Pope as one of the "greater lights" of the profession in this or any other country or age.

At the age of 21, Dr. Pope received his degree from the University of Pennsylvania, and soon after repaired to Europe for the further prosecution of his studies. It was in the city of Paris, in Nov. 1839, that the writer of this brief notice first became acquainted with the young surgeon, for he had already begun to manifest his predilection for this branch of the profession. He was then noted as the most expert and neatest operator on the cadaver, amongst us. His friends, acquaintances, and teachers, even at that early day, predicted that he would in after years rank with the renowned masters of the noble and daring art.

He remained in Paris nearly two years, and afterwards visited the great continental schools, as well as those of Great Britain and Ireland.

It was on January 1, 1842, that Dr. Pope commenced the practice of his profession in the city of St. Louis, where his studious habits, high moral worth, and gentlemanly bearing, soon brought him into public notice and favor. In 1843, he was unanimously chosen Professor of Anatomy and Physiology, these chairs being then united in the Medical Department of the St. Louis University, a position for which he was not slow in proving himself fully competent. In 1846, he again visited the Old World, and furnished, during his absence, various contribu-

tions to the *St. Louis Medical and Surgical Journal*. In 1847, he was transferred to the chair of Surgery, at which time he had acquired considerable reputation as a judicious surgeon and skillful operator. It cannot but be regarded as a fortunate circumstance for him, that he delivered three courses of lectures on anatomy, before his accession to the chair of surgery; to this fact, no doubt, is to be attributed in a great degree his rapid success as a teacher and practitioner of this his favorite branch. In 1848, he was chosen dean of the faculty, an office which he has ever since held.

As a lecturer, Dr. Pope is rapid, clear, and concise; he is fluent, but makes no effort at oratorical effect. Few men can say more, or teach more, in an hour, than he. With the history and literature of surgery he is perfectly conversant. He is familiar with all the doctrines and modes of operating extant, and well may he be, as his entire attention is, and has been for years, devoted to them. He eschews the practice of medicine, consecrating himself solely to the teaching and practice of surgery. His collection of instruments, preparations, drawings and models, illustrative of his branch, are unexcelled by any private collection in the country.

As an operator, he is calm, confident, expeditious, full of resources, and, it may be added, eminently successful. Perhaps no surgeon of his age, in the country, has performed as many operations as he. This fact is not attributable to the absence of competition, for he found, on his arrival in St. Louis, three surgeons high in public estimation. Dr. Beaumont was then in his glory, and he, venerable man, was among the first to discover and rightly appreciate the talents of the future surgeon of the far West. Dr. Pope's connection with the St. Louis Hospital, as well as with the City Hospital, and the circumstance of St. Louis being a centre, attracting surgical cases from the surrounding States and Territories, will in part, perhaps, account for his extensive practice and frequent operations. As yet he has not handled his pen as much as his knife. He has not written a great deal. His contributions to surgery, however, though few, are valuable, and they have been extensively copied and frequently referred to as of standard authority.

A proper notice, however brief, of Dr. Pope's career, thus far

requires a tribute to his liberality and devotedness to the medical department of the St. Louis University. To him, in a great degree, the school is indebted for its success; and, in this connection, justice demands the mention of the name of his father-in-law, Col. John O'Fallon, a man whose princely wealth has always been employed in behalf of the best interests of his city and his State—of humanity and of science. To him, the subject of this memoir, and his colleagues, are indebted for the ample halls of the St. Louis Medical College, and the public Dispensary thereunto attached.

Ten years ago, one of Dr. Pope's colleagues spoke of him in a public address, a valedictory, as follows: "Our professor of anatomy is yet a very young man, but I predict that in ten years he will rank among the first surgeons of the country." That prediction has been fulfilled, and Dr. Pope is yet a young man. Ten years ago, St. Louis was not what it now is; then it had only a population of 40,000 souls, now it contains 130,000. What will the city and its institutions be in ten or twenty years more? May they not fully rival those of the east and of the Old World? May not the name of the young surgeon of the west rank with the most venerable names of the profession, and may he not bequeath to the institution which he has so efficiently contributed to build up, and to the profession, a fame equal to that of a Wistar or a Physick?

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. VIII.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, June 13, 1855.

Sarcina Ventriculi.—Dr. CLARK presented a specimen of *sarcina ventriculi* under the microscope, the first time ever exhibited to the Society. The specimen was obtained from a gentleman, who has had three attacks of passages from the bowels of a large amount of dark-colored material, resembling blood. The same substance has also been ejected from the stomach. For a year and a half he has been subject to vomiting; the attacks, of late, being less frequent and less abundant, preceded for 24 hours by distress, heartburn, and flatus. On Sunday week, the patient sent him a note stating he has had an-

other attack. The matter vomited was of a transparent nature, somewhat resembling the white of an egg; a portion was composed of mucus, and parotid fluid, and a part was of a grayish brown hue, which has subsided to the bottom of the vial. Upon submitting this to the microscope, one-half was found to consist of *sarcinæ ventriculi*; the square cells of which were sometimes united in double linear rows, sometimes in sheets of moderate extent, sometimes seen separated and single. These cells did not exhibit well the central cross markings; but the spore in each of the four angles, was developed into a distinct organ. The power, required to exhibit the specimen, was a medium eye-piece, with Spencer's $\frac{1}{4}$ objective, magnifying power about 800; with the $\frac{1}{2}$ it was impossible to analyze the elements of the cell. The other portion consisted of starch, the fibrinous elements of the food having been dissolved by the fluids of the stomach. There was an entire absence of conoidal cells and follicle cells. He regarded the existence of *sarcinæ* as depending upon a morbid condition of the mucous membrane of the stomach, and that this state permits the presence of *sarcinæ*; or, in other words, is a result, and not a cause of disease, just as the *oidium albicans*, in *muguet*, attends an inflamed mucous membrane, the healthy epithelium not serving as a nidus for its development.

Disarticulation at Knee-Joint.—Dr. MOSES presented the *tibia* and *fibula* removed by the operation of *disarticulation* at the *knee-joint*. The patient, a Mexican, Jesus Senna, aged 26, in June, 1854, received a gunshot wound in the left leg, fracturing the *tibia*. He has been under treatment during this time, and many pieces of bone had been discharged or removed. About the 22d November, he was first seen by Dr. Moses, who found the whole leg much swollen and hard, skin rough and scaly. Along the whole course of the *tibia*, the skin was thin, with numerous openings, discharging a greenish unhealthy matter; the probe everywhere indicating carious bone. His health was feeble, and he was suffering from an attack of intermittent fever. He was conveyed to the hospital, and placed upon quinine and good diet. By these means his condition was improved, and Dr. Moses determined to remove the limb. As there was no disease about the joint, and, as he thought, sufficient healthy tissue to make a posterior flap, he selected the section at the *knee-joint*. A small quantity of chloroform put him in a proper state for operating. The disarticulation was effected in less time than is required in the ordinary operation in continuity, after Hoin's method. After making the flap, it was found hard, fibrous, and degenerated into a substance resembling cancerous matter. It was necessary to dissect off this substance before the flap could be made to cover the stump. Having no one to attend to the proper administration of chloroform, the handkerchief was retained over the mouth longer than intended; at one time, respiration ceased, and the pulse could not be felt at the wrist. The application of aqua ammoniæ, and fresh air to the lungs through a tube, restored both. The articular surface of the femur was perfectly healthy, and both it and the patella were left untouched. The flap fitted well, and was secured by stitches and adhesive plaster. After the operation, stimulants and quinine were freely administered.

December 1st. Has continued to progress favorably in all particulars. Complained of some pain and tenderness about the external condyle. On dressing the stump, at the painful point and beneath the flaps were found a hundred maggots, which were removed by alcohol and the forceps; in all other respects, the flaps and stump presented a healthy and beautiful appearance.

Jan. 4th. General health much improved. No untoward circumstances have occurred to impede his recovery; the edges are entirely healed, the stump firm and painless; he left the hospital to-day, and rode home on horseback, about six weeks after the operation.

After maceration and cleaning, the *tibia*, for two-thirds of its length, was found broken up into small fragments, the fracture extending to within an inch and a half of the head of the bone, and two-thirds of its length down-

wards; and around the whole, a beautiful basket-like frame of new bone inclosing and retaining numerous sequestra. The fibula was untouched.

Dr. MOSSES also presented a *urinary calculus*, oxalate of lime variety, removed from a colored man 33 years of age. After two weeks' preparation, he operated.

Dr. BUCK remarked that he had performed this operation of disarticulation at the knee-joint, three times at the New York Hospital; two of the cases having a successful termination. One of them occurred in a man about 55 years old. In this case there was, after the removal of the limb, very protracted suppuration, the pus burrowing to the middle of the thigh, and also obstinate severe diarrhœa; the other was a boy 15 years of age, whose leg was extensively crushed by a railroad accident. Severe suppuration followed for two or three months—he excised portions of the condyles—the patellæ remained in both, and the flaps in each were scanty. The third, unsuccessful, was a young man about 20 years old; he died some ten or twelve days after the operation, the inflammation being very severe. Dr. J. Kearny Rodgers once or twice performed the operation unsuccessfully.

Dr. MARKOE stated he had himself exarticulated the knee recently. It is now four weeks since the operation, and the patient, 2 years and 2 months old, is progressing favorably. He made the long flap from the anterior surface, and the short one behind; this method throws the cicatrix posteriorly, and out of the way of an artificial leg.

Dr. W. PARKER stated that, several years since, he had successfully performed the operation. Secondary hemorrhage occurred a few days after, rendering it necessary to open the wound.

Dr. CLARK inquired the advantages to be gained in operating at the knee-joint, in preference to the inferior portion of the thigh? In reply, it was stated by Drs. BUCK and MOSSES, that the broad surface of the stump afforded a better adaptation of an artificial limb, that the motions of the stump were more perfect, in consequence of the attachments of important muscles being undisturbed, and the absence of the liability of protrusion of the bone.

Dr. BATHCHLOR observed that he had no personal experience to present on the subject. When the operation in question was agitated, twelve or fifteen years ago, he turned his attention to it. In considering the best method of procedure, he recurred to the subject, and thought the more preferable plan to be that of the anterior flap, which could be formed with precision; and sawing off the condyles of the femur one inch, the cicatrix was thrown completely behind, the patella turned over the condyles, thereby restoring the original length of the limb.

Fibrous Degeneration of Uterus.—Dr. GOULLEY presented a specimen removed from a negro woman, 60 years old, consisting of the uterus, bladder, large and small intestines, glued together by old and firm adhesions; a communication existed between the rectum and ilium. The uterus was converted into a hard fibrous mass. No particulars of the case could be obtained.

Hydrorachitic Tumor.—Dr. HOLCOMB exhibited a *hydrorachitic tumor*, removed from a child four months old. In Feb. he attended Mrs. JAS. GODDIN, who was of strumous constitution, during her confinement, and delivered her of a child weighing six pounds. It was lively and strong, moved the upper and lower extremities freely, and evacuated naturally. The head was normal. Its breathing was strongly croupous in character. Over the inferior lumbar and upper sacral vertebræ, a fluctuating tumor, of a marbled appearance, as large as an English walnut, was observed. It was recognized as a *spina-bifidous* tumor. At the end of a month, the child began to emaciate, and the croupy breathing became louder. The tumor increased, and it, with the fontanelles, gently rose and fell during inspiration and expiration. The weak condition of the child prevented the attempt of an experimental operation. As the weather became warmer, the child improved, becoming stronger and more fleshy. The tumor, however, continued to increase, and

measured six and a half inches in circumference. Pain was caused when pressure was applied, and great turgidity of the face ensued. The child died of apparent exhaustion four months after birth.

Post-mortem, June 12th.—Unusual flaccidity of the body. The tumor was shrunken, and the surface entire, though thin at the centre. Its contents, of a sanious, glairy character, escaped when the spine was divided. The examination of the head was not permitted. On making an incision into the tumor, it was found that the posterior portion of the long canal, surrounding the spinal cord, is wanting over several of the vertebræ.

Resection of Head of Femur.—DR. LOUIS BAUER presented the head of a femur, resected a few days since from a boy 7 years old, who was received into his Institute four months ago, for treatment of hip-joint disease. His health was good, and gave encouragement that the disease might terminate favorably by resolution. The position of the limb was everted, abducted and semiflexed; the joint fixed, and the pelvis somewhat depressed—a position of great diagnostic value, showing invariably the presence of effusion within the joint, proved by experiment and puncturing. Gentle antiphlogistic local measures, absolute rest, and appropriate constitutional treatment were followed. In this position the limb remained ten weeks, when suddenly the extremity was shortened two inches, inverted and adducted, the pelvis drawn upwards and rotated. Dr. B. inferred that the capsule had given way and its contents escaped. During the ensuing six weeks, however, the matter did not make its appearance, and he suspected the acetabulum might be perforated. The patient suffered from loss of rest, appetite failed, and emaciation increased. Under these circumstances, it was evident that some measures must be done to relieve the patient. Upon consultation, it was concluded to bring the patient under the influence of chloroform, and make a careful examination of the joint. This was accordingly done, and the following conditions observed: mobility of the joint, crepitus, caries of the articular surfaces, the greater trochanter elevated and inclined towards the anterior superior spine of the ileum, probably dependent upon enlargement of the trochanter itself, and partly upon softening and widening of the acetabulum; there was no evidence of pus; great resistance of the adductor muscles. It was determined to remove the diseased portion of the femur. The operation was performed. During the progress of the operation, the diagnosis was singularly confirmed. The trochanter was found considerably enlarged, the capsular ligament greatly thickened, ligamentum teres destroyed, acetabulum enlarged and softened at the upper rim. At the point of insertion of the round ligament a small opening existed, through which probably the contents of the cavity had escaped.

The specimen before the Society consists of the head, neck, and large trochanter of the right femur; the head is somewhat flattened, its cartilage, for a small space, destroyed, and the adjoining bone bare (hence the crepitus); neck shortened, and the bone at large softened; its cancelli filled with small blood clots and organized fibrin. On dividing the bone, no tubercular deposits were discovered.

Dr. BAUER desired to call attention to this specimen only in a pathological and diagnostic point of view, while the value of the treatment adopted in this case would be hereafter determined. When he had accumulated a sufficient number of cases, he would be prepared to bring the question to a conclusive test. The present is the fourth case he has exhibited to the Society, and as some interest has been evinced by members, as to the results of those previously presented, he would state, that one of the patients died from the effects of diphtheritic croup, whilst the diseased joint had been progressing favorably up to that time. The second patient is so far recovered as to use his leg, which is shortened only half an inch, and in no way deformed, which he regarded as the chief benefit of his mode of treatment. The third patient was doing well. In reference to the latter, he would state that, from the

very time of the operation, pain and fever subsided, rest and appetite returned, and he considered the patient greatly improved and his condition highly encouraging. He hoped to have the pleasure, at a future time, of showing the patients themselves to the Society, and demonstrating the usefulness of the limb after resection of the femoral head.

Carcinoma of Liver.—Dr. CLARK presented for Dr. METCALFE a specimen of carcinoma and cirrhosis of the liver.

History of the Case.—Wm. Mountjoy, aged 45, England; admitted May 7, '55; occupation, a stevedore. Family healthy. Has been in this country 25 years. A hard drinker. Fourteen years ago had venereal disease for two months, chancre and suppurating buboes. Intermittent fever, 11 years ago; a tertian for two or three months. Just after recovery from this, was admitted into City Hospital, where he was treated for four weeks; the patient is ignorant of his disease; represents himself as out of his head some of the time; was cupped and leeches over stomach, which he thinks was swelled. Has had pains in bones at various times, but was never laid up with acute rheumatism. Seven years ago he broke seventh and eighth rib at junction with cartilage—was laid up two or three weeks. About twelve months ago, abdomen began to swell, increasing in size very gradually. Two months thereafter had an attack of dyspnoea, which has recurred at various intervals since. Was not incapacitated for work till fortnight before admission. About the time his belly commenced to swell, patient had an attack of dysentery, and his bowels have since been in a very irritable condition. Six weeks ago a second attack of dysentery, when blood was passed, which did not happen before.

Cough.—Has had a little all winter.

Pain.—Has not felt any of moment about his abdomen till a fortnight before admission, when feeling pain at bottom of sternum, on rubbing the part he felt a lump there. The pain was of a sharp twitching nature, as patient expressed it, very different from soreness, which, probably 'from swelling, existed over whole abdomen. Had not felt this pain previously, but it has continued since.

Vomiting.—A good deal mornings, generally threw up his breakfast, which was very light; not thus troubled at other times of day. Has at times eructated a little blood; the first time six months ago.

Appetite.—Moderate, except in morning, when it is entirely wanting. Has never noticed himself jaundiced.

Present Condition.—Much emaciation, which came on only during the past two or three months. Skin sallow, but not jaundiced. Conjunctiva clear. Tongue furred in middle, red at edges, but not yellow. On his admission, belly alone was swollen; a week after feet began to swell, and the oedema gradually extended up leg and thighs. Urine at this period examined was decidedly albuminous. Cutaneous veins of abdomen numerous and enlarged.

June 2.—Paracentesis abdominis was performed; nine quarts drawn off, greatly relieving the dyspnoea. Fluid was transparent, slightly yellowish. Hepatic dulness soon became more obvious, extending from margin of fourth to seventh rib, vertically. Filling up angle made by hypochondriacal margins is a tumor $5\frac{1}{2}$ inches vertically, by seven horizontally, hard, irregular, nodulated on surface; by rubbing fingers over skin covering it, a distinct friction fremitus is perceptible. No central depression of nodules can be perceived. The tumor mentioned has its inferior boundary like that of a hardened and thickened liver. Pulsation is communicated to epigastrium from abdominal aorta. After operation, abdomen quickly filled, although compressed by bandage. Patient failed rapidly, and died June 11, at 3 P. M.

Autopsy 25 hours after death; weather cool. Body emaciated, livid about head and chest; slightly so about inferior extremities, which are oedematous. Abdomen distended with gallons of fluid.

Thorax.—Lungs very slightly adherent, on right side, to walls of chest. Pulmonary tissue healthy, with exception of many small spots of cancerous matter, varying from size of small shot to a filbert.

Heart.—Normal in size and appearance.

Abdomen.—*Omentum* small, containing but little fat; very much thinned and contracted; covered with small granular matter.

Liver.—Weight, five pounds eight ounces; presents on right lobe well marked cirrhotic degeneration, with here and there a small, white cancerous tubercle not larger than a shot, excepting along median line, where cancerous matter is abundantly deposited. Proportionably much more encephaloid matter in left than in right lobe, where also it exists in large nodules. Diaphragm over space size of palm of hand, at posterior and middle portion is connected to liver by cancerous exudations. Peritoneum shows signs of inflammation in neighborhood of cancerous deposits generally.

Kidneys.—Not examined microscopically; to all appearances healthy, although albumen in urine drawn after death.

Enlargement of Testicle.—Dr. FINNELL again exhibited the case of *enlargement* of the testicle presented at last meeting, and desired to make some additional statements. On a more careful examination, the testicle itself was found free from disease; the enlarged mass grew from the cord; the trocar had been twice introduced for hydrocele. Microscopic examination proved it to be composed of fatty tissue and fibrous masses throughout the growth.

Wound of Heart.—Dr. FINNELL then presented the *heart* of a man who died half an hour after receiving a stab of a knife, entering the left ventricle; the opening in the heart was more extensive than the wound of the pericardium; a large quantity of blood was found in the heart, entirely fluid.

Strangulated Hernia—Operation—Death—Dissection.—Dr. MARKOR presented a specimen of *strangulated hernia* occurring in a young man nineteen years old, who applied at the New York Hospital on Thursday last, suffering from symptoms of strangulation, which had existed for twenty-four hours. The tumor was exceedingly small, and protruded just beyond the external abdominal ring. By proper manipulation, it was readily reduced by the house surgeon. His immediate symptoms were relieved, but he still complained occasionally of fugitive colicky pains in the abdomen. On Monday following, Dr. MARKOR's attention was for the first time called to his condition. His former symptoms were reproduced. He vomited a substance of a somewhat fetid, fecal odor; there was slight tenderness of the abdomen on pressure. By careful examination, he felt a small tumor in the inguinal canal, a little distance from the external ring. He thought the case to be one of strangulation and reduction in mass. Opposed to this view, however, was the circumstance of a reduction in mass in a *recent hernia*, almost unheard of. Upon consultation, it was determined to operate. He accordingly cut down upon the inguinal canal, making an incision two and a half inches in length, through the tendon of the external oblique muscle, down almost to the external ring, which was not involved in the cut. The tumor was found in the inguinal canal, and contained a knuckle of intestine in a fair condition. The seat of stricture was found to be the neck of the sac, which was divided, and the protruded mass returned into the abdomen. The patient died on the third day after, of general peritonitis. Previous to death, a small tumor was observed on the cord, just external to the external abdominal ring, which Dr. M. thought might possibly be a small hernial protrusion, which had escaped under the bandages. He cut it open, and found it to be a portion of the sac, which, at the operation, was not noticed; it was merely a prolongation of the sac downwards, and the finger passed freely toward the abdomen. On making a careful dissection of the parts, was found, beginning at the peritoneum, a rounded, small opening, leading from the general cavity down into the sac, from which the hernia had been reduced. This sac lay along, and to the inner side of the cord, and was closely attached to it. It was three inches long, and narrow like the finger of a glove. It presented two openings on the anterior aspect, which were the two incisions made in the operations, and terminated by an abrupt cul-de-sac, just below the last and lowest incision.

Immediately below this lower termination of the sac, was a small, elongated sac, situated on a line with the sac above, of which it seemed at first to be a continuation. It had, however, no communication with the upper sac, being separated from it by a septum so thin as to be translucent. It contained a little reddish serum. It was an inch long, and approached the proper tunica-vaginalis testis so nearly as only to be separated by a membrane, less than a line in thickness. The tunica vaginalis and testis were normal.

These circumstances, observed Dr. Markoe, show the case to have been one of hernia of the tunica vaginalis, in which actual descent of the hernia had never occurred, until the occasion in which it became strangulated and caused death. The congenital sac was closed off in two places, one just at the testicle, the other about an inch above.

BIBLIOGRAPHICAL NOTICES.

ART. IX.—*Clinical Lectures on Paralysis, Disease of the Brain, and other affections of the Nervous System.* By ROBERT BENTLEY TODD, M. D., F. R. S., Physician to King's College Hospital. pp. 311. Philadelphia: Lindsay & Blakiston, 1855.

DISEASES of the Nervous System increase in interest and importance in proportion as civilization advances, and the intellectual powers are cultivated. Hence, the importance of investigations into the anatomy and physiology of the cerebro-spinal system, of the diseases to which it is subject, and their treatment.

The book before us consists of twenty lectures on the principal diseases involving the nervous system. Besides paralysis and disease of the brain, which occupy the first seven lectures, the following are made the subjects of attention: renal coma, delirium, the various forms of hemiplegia (occupying seven lectures), epileptic coma, lead palsy, disease of the dura mater, trismus, tetanus, chorea, local hysteria, and catalepsy. We regret that so little space is devoted to the four or five last named affections, as they are really among the most frequent and troublesome of these nervous disorders, and less is said about them in our text-books than of some of the more grave, albeit less frequent diseases. However, we will not complain; especially as more is promised on the same subject, if this work is found to supply a *want* in the profession. We consider it eminently worthy the attention of our readers, and trust that its author will receive sufficient encouragement to induce him to fulfil his promise of giving us more of his experience and observation.

The publishers have done their part in presenting the work to its American readers in an attractive dress, printed in good type, on fine paper.

ART. X.—*Report of the Sanitary Commission of New Orleans on the Epidemic Yellow Fever of 1853.* Published by authority of the City Council of New Orleans. pp. 542. N. O.: Printed at the Picayune Office, 1854.

THE city of New Orleans did something for science when her Board of Health appointed the Sanitary Commission, whose report lies before us. The value of such a work can scarcely be estimated, and if anything is lacking, it is a record of the names of the men composing the Board who ordered the commission. The Sanitary Commission was composed of Hon. A. D. Crossman, mayor of the city; Drs. E. H. Barton, A. F. Axson, S. D. McNeil, J. C. Simonds, and J. L. Riddell. The labor was divided between the five physicians, and its result is creditable to their science and industry, and will, we believe, be of lasting benefit to mankind. The largest part of the labor, however, seems to have devolved upon Dr. Barton. The commission did not confine their inquiries to New Orleans and its vicinity, but pushed them in every direction, Mexico, South America, the West Indies, &c. We are happy in being the fortunate possessor of this valuable work, for which we are indebted to our friend, Dr. N. B. Benedict, of New Orleans.

* * Since the above was written, we have received from Lindsay & Blakiston a reprint of Dr. Barton's portion of the Report, under the title *Cause and Prevention of Yellow Fever.*

ART. XI.—1. *The American Eclectic Dispensatory.* By JOHN KING, M. D., &c. &c. pp. 1391. Cincinnati: Moore, Wiltstach, Keys, & Co., 1855.

2. *The American Eclectic Practice of Medicine.* By J. G. JONES, M. D., &c. To which are appended the posthumous writings of T. V. MORROW, M. D., &c. 2 volumes, pp. 788, 862. Cincinnati: Moore, Anderson & Co., 1853.

IF the "American Eclectic Practice of Medicine" is to be judged of by the size of its books, it is a "big" science, having a big constituency. We have never, however, felt willing to accord

either to "Eclecticism," though it may be because we are so many removes from its hotbed. The "Eclectics" claim to be *reformers* of the science of Medicine, their chief claims to the title consisting in a crusade against the preparations of mercury, and blood-letting, and in endeavors to develop the virtues of our indigenous *materia medica*. The former ill accords with their monopoly of the term *eclectic*, while the latter is certainly very creditable to them, and will eventually serve the cause of medical progress. We have no objections to our Cincinnati friends treating all diseases without the use of mercury or the lancet, if they can do it as well and as quickly as if they used these agents—which we very much doubt—but they can certainly do this without arrogating to themselves a title which hardly belongs to them, or without uniting in the hue and cry against the profession of medicine which is so characteristic of ignorance and prejudice. It seems to us that this class of practitioners of medicine have placed themselves in a false position, by first fostering, and then taking advantage of popular prejudices against certain remedies used by regular physicians. From this false position the Cincinnati eclectics seem to be gradually extricating themselves.

We have not been able to perceive anything in the works named at the head of this article, worthy of special notice, except the prominence given to indigenous remedies and their *active principles*, and the determined opposition to the employment of bloodletting, and the preparations of mercury in the treatment of disease. While in the *Dispensatory* most of the mineral preparations are spoken of and recommended, we cannot find that mercury or any of its preparations are so much as named, not even to "damn them with faint praise." It may have been necessary to omit them to reduce the size of the book!

The pharmaceutical portion of the *Dispensatory* seems to have been prepared with considerable care and deliberation, and the Appendix contains much that is valuable. We would recommend this work to the attention of our readers as worthy a place in their libraries, mainly on account of the information it contains on the subject of our indigenous *materia medica*.

EDITORIAL.

SANITARY INSTITUTIONS (MAISONS DE SANTÉ).

WE have never been able to account for the indifference of the American medical profession to private institutions for the treatment of chronic diseases; and yet we venture the assertion, that there is not a physician of any experience, who reads this remark, who has not often had cases of sickness which he has longed to have under his own immediate supervision, separate from family and other influences and cares, which prevent him from doing either himself or his patient justice. It is well known that there are many complaints, particularly of females, which cannot be properly treated at home, where the patient is not only surrounded by almost every conceivable moral influence of an adverse character, but is often compelled, literally, to drag herself about, performing or overseeing household duties, which have, of themselves, perhaps, induced her state of ill health. There are appliances, too, for the alleviation and cure of diseases, which cannot be used to advantage by the general practitioner.

This lack, on the part of the profession, of proper means for the treatment of disease, is manifested in various ways; first, in the thousands of invalids who either go, or are sent by their medical advisers, to mineral springs, and to the sea-side, to the mountains and the vales, or, it may be, hundreds of leagues away over the bosom of old ocean, all in the hope—often a delusive one—of recruiting health, under, perhaps, the most disadvantageous circumstances; secondly, in the hundreds who annually resort to water-cure establishments, where they are seldom properly treated, and where, in spite of which, many are benefited, to the praise of that special mode of treating disease, and the disadvantage of scientific medicine; change of scene, associations, a regular and prescribed diet, exercise, bathing, &c., doing for them what is very naturally attributed to the excellence of the “water-cure” system of treatment; and, lastly, in the far greater number of those who suffer from, and die of, diseases which are amenable to treatment, provided the practitioner possesses or can use the necessary appliances, or so control the movements and duties of the patient, as that he may be benefited by the means employed to arrest disease.

Now, why should such patients be permitted to suffer from their ailments, or left to seek equivocal benefit at cold-water establishments, or exposed to the discomforts of travel and the watering places? There is no question but that well conducted establishments, under the charge of intelligent practitioners, who will avail themselves of all the resources of science in the treatment of disease, would be well patronized, and be extensively useful.

A few efforts have been made in this line, in this country, we believe, with success. Dr. Charles T. Collins, formerly of New York, is at the head of a flourishing sanitary institution, in Great Barrington, Mass.; and there is one in connection with Starling Medical College, at Columbus, Ohio; and we have recently received the announcement of one to be located at Knoxville, Tenn. New Jersey would be a very appropriate place for the establishment of one or two institutions of this kind, and we hope that we shall have occasion ere long to announce that it has been done.

CATHETERIZATION OF THE AIR-PASSAGES.

The following account of the discussion of this question, in the July meeting of the New York Academy of Medicine, is taken mainly from the August number of the *New York Medical Times*.

The meeting was principally occupied with the discussion upon the majority and minority reports on the paper read before the Academy in December last, entitled "On Injection of the Bronchial Tubes and Tubercular Cavities of the Lungs." The discussion was calm, dispassionate, and, for the most part, free from unpleasant personalities. In the way of argument, but little was offered that was not to be found in one or other report, which seem to have presented the whole subject as at present known to the profession. It was conceded that, under certain conditions, flexible tubes could be passed into the trachea, and that the honor of their introduction is due to Dr. Green: but, at the same time, it was demonstrated that even Dr. Green had failed in the introduction of the tube with a small curvature (his own instrument), in ninety-two per cent. of the trials before the committee. The tube with large curvature, as used by Dr. I. E. Taylor, was introduced successfully in eight out of thirteen cases, so that Dr. Green may be said to have been beaten upon his own ground. With

regard to the introduction of the sponge probang below the vocal chords, Dr. M'Nulty contended that the operation was impracticable, in consequence of the anatomical structure of the larynx, which he demonstrated by means of a wet preparation and large drawing. He stated that he had been in the frequent habit of cauterizing the larynx, as he supposed, by means of the armed probang, but he was convinced that he had never passed the instrument into the larynx, but into the œsophagus. Dr. Green made a long statement in defence of his propositions, in which he did little more than reiterate the arguments set forth in his paper; he accounted for his failures before the committee from the fact of the patients not having been previously prepared for the operation, as is his custom, and also from the mental perturbation and nervousness resulting from the presence of an unusually large number to witness the operation. In reply to an inquiry by Dr. Watson, whether he (Dr. G.) had ever injected tubercular cavities, he stated, that *he did not claim to have done so*, but had merely suggested the idea that it might be done. Yet we find his paper entitled "On Injections into Tubercular Cavities." Dr. Green stated that this title had been appended by Dr. E. H. Parker, editor of the *American Medical Monthly*. When reminded that the same title is affixed to his paper read before the State Medical Society, he stated that it was copied from the published paper. Dr. Green expressed great surprise that the committee should have doubted the practicability of passing the armed probang below the vocal chords, while they admitted that flexible tubes could be introduced. He stated that the committee well knew that the probang could be so passed, and that some of them had often passed it themselves. When asked whether he could direct the tubes into the right or left bronchus *at will*, he contended that he could do so; but his explanation of the method did not seem to satisfy the Academy. He closed his statement by allusion to the opposition he had met with since he had first put forth his claims to priority; commented on the acknowledgment of those claims in England, expressed his determination to persevere in the attempt to establish them, and his willingness even to die in defence of the truth. Dr. Gunn stated that a patient of his had been under treatment by Dr. Green, by injection of the bronchi, as was asserted; but that every such injection had been followed by very profuse diarrhoea. Dr. Gunn was induced,

from that, to suppose that the injections were thrown into the stomach instead of the bronchi. The discussion was protracted until a very late hour, when the whole subject was laid upon the table. The sense of the Academy, so far as could be judged, was strongly in favor of the majority report. The subject was finally laid upon the table, the Academy expressing no *official* opinion on either of the reports.

MADDOCK ON DISEASES OF THE THROAT AND LUNGS.

In the *REPORTER*, for June, we noticed this work, and take this opportunity to announce that the American edition is ready for delivery. So much effort is being made by ignorant quacks in Philadelphia and New York, to create an excitement on the subject of inhalation, by advertisements in the daily papers, that the practitioner is often annoyed with questions on the subject. Maddock's work will show that inhalation is no *new* mode of treating these forms of disease, and will give the practitioner ideas worthy of thought.

The presuming arrogance of such men as Hunter and Pancoast, we are sorry to see, has misled some respectable practitioners of medicine. Those desiring information on the subject of medical inhalations, cannot do better than inclose one dollar to C. W. Vanhorn & Co., No. 32 N. Ninth Street, and they will receive Maddock's work by mail, in a neat and beautiful binding, or unbound, for fifty cents.

Mr. Vanhorn is also manufacturing Snow's Inhaler.

ALL ABOUT PORTRAITS.

Our friends of the *Nashville Journal of Medicine* (one of our best exchanges, by the way), ever watchful over the interests of the school they labor so hard and so effectually to build up, are wonderfully exercised on the subject of portraits. As we claim a sort of paternity over this species of enterprise, we feel free to correct a misapprehension under which the *Journal* seems to labor. It appears that they have received a circular, announcing that the portraits of the Professors in the Jefferson Medical College of Philadelphia will shortly be published, on a single plate. This their keen, watchful eye, construes into an *advertisement* for the Jefferson Medical College. Now, it was intended to be *no*

such thing. The Jefferson professors have nothing to do with the enterprise, as it is a private one, having originated entirely with Mr. Joseph M. Wilson, of Philadelphia, a young and enterprising publisher of that city. If the editors of the *Journal* wish to encourage enterprise, we hope they will aid our friend in trying to get subscribers to his beautiful picture, which will adorn the office of an alumnus of the Nashville, as well as of the Jefferson school.

We can bear testimony to the modesty of the Jefferson professors, as we once made the attempt to publish the portrait of one or two of them in the *REPORTER*, but failed in obtaining their consent.

 In this number we conclude two valuable series of articles, viz: The History of the American Medical Association, which has been in course of publication for more than eighteen months, and Dr. Phillips' excellent Physiological Essay. This essay has been very acceptable to our readers, and we are sorry that we have been compelled to give it in detached portions. The conclusion of these papers will give correspondents more room, and we hope they will avail themselves of the opportunity.

NECROLOGICAL RECORD.

- DIED.**—At Wynberg, South Africa, on the 18th of January last, of apoplexy, **REV. JOHN SCUDDER, M. D.,** æt. 29. Dr. Scudder had, for thirty-five years, been engaged in missionary labor in India, in the service of the American Board of Commissioners for Foreign Missions.
- At Mosul, Turkey, on the 25th of March last, **REV. HENRY LOBDELL, M. D.,** æt. 28. Dr. L. was born in Danbury, Conn., January 25th, 1827. He graduated in medicine at New Haven, in 1850, and connected himself with the Mission of the American Board to Assyria in 1851.
- In New York, July 31st, **JAMES C. BLISS, M. D.,** in the 65th year of his age.
- At Saratoga Springs, N. Y., August 20th, **MORETON STILLE, M. D.,** of Philadelphia, in the 38d year of his age.
- At Laona, Winnebago Co., Illinois, July 14th, **DR. STEPHEN W. WILLIAMS,** in the 62d year of his age. Dr. Williams lived and died highly respected as a physician, and as a Christian. He was the author of several works, and was a large contributor to the medical periodical literature of the day. For several years he was a contributor to the pages of this journal. He was an ardent lover of his profession, and constantly exerted himself to advance its interests, particularly through the medium of its organizations. We would be glad if some one would furnish us with a biographical sketch of Dr. W.
- At Smithfield, R. I., **ELISHA BARTLETT, M. D.,** late Professor of *Materia Medica* in the College of Physicians and Surgeons, New York, in the 51st year of his age.
- In Richmond, Va., July 15th, **R. L. BOHANNAN, M. D.,** Professor of Obstetrics in the Medical College of Virginia, æt. 68.

ECLECTIC AND SUMMARY DEPARTMENT.

Ohio State Medical Society—Patents.—At the last Annual Meeting of this Society, held at Zanesville on the 5th, 6th and 7th ultimo, the Society very promptly, and with much unanimity, repealed the resolution offered by Dr. Grant at its annual session in 1854. As the knowledge of the passage of the resolution has passed far beyond the local bounds of the Society, we subjoin the resolution rescinding the same, prefacing them only with the remark, that our readers and the profession generally will rejoice with this demonstration of the fact, that there is sufficient conservatism in its ranks to stay the truant wanderings of *Young Physic*. The following are the resolutions:—

Resolved, That the resolution offered by Dr. Grant (a member of this Society, and not at this, or at that time, a practitioner of medicine), at the last session of this Society, which says, "that it is not derogatory to medical dignity, or inconsistent with medical honor, for medical gentlemen to take out a patent right for surgical or medical instruments," was offered at a time when many members of the Society had left for their homes, and was not, therefore, the sense of this Society.

Resolved, also, That said resolution is in direct opposition to the code of Medical Ethics adopted by the Society, and, therefore, be it further

Resolved, That said resolution offered by Dr. Grant, and adopted by this Society, be, and is hereby, rescinded.—*N. Y. Journal of Medicine*.

New Cure for obstinate Bleeding following the extraction of a tooth.—Dr. Samuel A. Cartwright, in the *Boston Medical and Surgical Journal*, recommends for this purpose the application of a common amputating tourniquet "over the head obliquely, the pad placed on the outside of the cheek over the bleeding gum, and the screw over the pad; a pledget of raw cotton, and nothing else, being previously inserted without force into the bleeding cavity. As soon as the screw is brought to bear on the pad, resting on the outside of the cheek, the hemorrhage instantly stops." The bleeding is arrested "on the same principle that uterine hemorrhage is, by making the bleeding cavity contract." The yielding parietes of the alveolar process which has been expanded by the extraction of the tooth, and still more expanded by the forcible insertion of tightly fitting plugs, no sooner feel the lateral pressure of the screw than they contract, and the contraction arrests the bleeding; and it does this with as much certainty as the contraction of the uterus arrests uterine hemorrhage after delivery.

Quinine in Yellow Fever.—We make the following extract from the record of the Physico-Medical Society of this city, inasmuch as it contains facts which will be interesting to the profession; the evidence adduced in favor of the use of the sulphate of quinine, as administered

in the Charity Hospital in yellow fever, is so conclusive and so reliable, that it cannot fail to weaken the prejudice which exists against it in the minds of many excellent practitioners.

"Dr. Hunt, after adverting to late discussion on fatty degeneration of the liver, and giving his views on that subject, and the general pathology of yellow fever, said, that he had stated at a previous meeting of the society, when advocating the treatment of yellow fever by the use of quinine and opium, that he was confident that of the patients admitted into the Charity Hospital during the late epidemic, and during the expiration of the first twenty-four hours of the attack, not one in fifteen had died; he was now prepared to show, by the best authority, that not *one* in *twenty* died of those who entered within the specified time.

"On an examination of the books of the hospital, he had found that there had been 565 admittances of patients of yellow fever, who entered within the first twenty-four hours; only 27 of whom had died. Of these, fully fifteen-sixteenths had been first seen by the house surgeon, Dr. Choppin, or his assistant, Dr. Canter, whose almost invariable custom was to administer the haustus quiniæ of the house." This, as it is well known, consists essentially of twenty grains of quinine and forty drops of laudanum.—*New Orleans Medical News and Hospital Gazette*.

Neuralgia.—Dr. Ebdon, in the *Indian Annals of Medical Science*, makes very favorable mention of the use of the hydrochlorate of ammonia in neuralgia. He notices cases in which its action has been very beneficial, such as tic douloureux, toothache, clavus hystericus, and even in one case of neuralgic dysmenorrhœa. He prescribes the salt in doses of twenty to thirty grains, in mint water or camphor mixture, to be taken every twenty minutes for three doses.—*Ibid*.

Hints from a Cupper and Leecher. By J. H. Ross.—Having spent many years in cupping and leeching, perhaps I shall be excused for giving the profession, through your journal, a few hints in relation to some points which should be observed in the practice of this branch of therapeutics.

And first, let me say, that in the use of leeches, certain errors are by no means unfrequent, namely, that in leeching adults, the error in many cases consists in too *little* depletion; whereas, in young children, it consists in too *much*. It should be remembered, that one leech for a child a year old is, in ordinary circumstances, fully equal to twenty-five for an adult. A leech bites a child as though it were a perfect luxury. All the tissues are tender. But this is not all. It is not only *easy* for a leech to find bloodvessels in a child, but the circulation being more rapid than in adults, the flow is consequently augmented. Neither is this all. As a general rule, we can safely bleed a strong man until he faints; but never an infant. Moreover, two small leeches are always safer for a child than one *large* one, it being easier to control the bleeding from six bites of the former than from one of the latter. As a general rule, leeches should not be applied to the *throat* of a child, especially over the trachea. It is safer to select the superior portion of the sternum, which will usually fulfil the indications. Wherever applied,

a young child should never be covered up, and left for nature to arrest the hemorrhage. I trust your readers will pardon me for calling their attention, as some of them will recollect, for the second time, to the importance of a cataplasm before leeching. It is common to foment the part after the leeches come off. but if it cannot be done but once, it had better be done in advance, and I will give a few reasons for such a conclusion. In the first place, it makes the part very acceptable to the leech, as it almost never refuses to fasten at once upon the skin thus prepared, and the time thus saved may be of great importance to the patient. It also saves much fatigue and anxiety, and enables the leecher to serve much sooner some other sufferer who counts the moments of delay as hours. But this is not all. It answers the end for which the poultice is intended (namely, depletion), more perfectly when applied before leeching than subsequently. It is not an easy matter to soften and relax the dermoid tissue so as to promote the flow of blood to the best advantage in a moment. It takes time. If the poultice be delayed until after the leeches fill, it cannot be applied until the last one comes off; and it often happens that before this occurs, some of the bites have nearly closed, so that the benefit of the cataplasm, to a great extent, is lost. When, however, the poultice precedes the leeching, the moment that one lets go the bite bleeds at once, whether anything is applied or not. To be efficient, the poultice should be large and hot; and if a little mustard be added, so much the better. In a large majority of cases, leeches are preferable to cups for the abdomen, perineum, neck, face, and extremities. For the thoracic, dorsal, and temporal regions, and especially for pulmonary, renal, spinal, and ophthalmic affections, cupping is often far more efficient than leeching. Moreover, the quantity of blood taken in leeching is always uncertain, there being in one case much more, and in another case much less depletion than is intended. It is impossible to tell before the leech is applied how much blood will flow, there being so many modifying circumstances; some of which, perhaps, I may mention, though most physicians may be familiar with them.

Much depends upon the size of the leech; and hence many physicians, to take advantage of this fact, order large ones. But this is decidedly wrong; for in purchasing leeches, we have to take them as they run, both large and small; and therefore, if we select the large ones for those who first call, we cannot supply those who call subsequently with even an average size, and it is not treating them fairly; and though we give them the largest that we have, the doctor is deceived, and perhaps the patient suffers. Not only so, but sometimes we are compelled to purchase a lot (because we can do no better) which has not a *large* leech among them. The proper course seems to be to have the medium size the criterion, and to modify the number as a deviation from this standard may demand.

Again, the *condition*, and also the *position* of the part, modifies the bleeding. If the part be inflamed or vascular, the discharge may be profuse. If it be hard, swollen, œdematous, cold, or exsanguineous, little blood may be obtained. The force and the frequency of the *pulse* should be taken into consideration. The position of the part will also, as I said, modify the bleeding. For example, a leech-bite upon the

hand, which bleeds profusely while it hangs down, will stop at once on raising the hand above the head. There are other modifying circumstances which I need not stop to name. The average quantity of blood that a leech draws is about two drachms, which, with the subsequent bleeding, amounts to about three-quarters of an ounce. To arrest the bleeding, I have always found a simple compress sufficient, though various styptics are used.

Although I intended to say something further on the subject of cupping, yet, as I have already occupied more space in your valuable journal than I have any right to claim, I must omit it, at least for the present. In regard to sustaining those who make a specialty of this branch of therapeutics, perhaps I may be permitted to say a word. It is generally admitted that there should be, in all large cities, competent persons to attend to these applications, and in cases which require very nice and careful management, physicians are generally very glad to avail themselves of the services of some skilful hand. But it should be remembered that these cases will by no means sustain him. His principal support must be derived from the common every-day cases; and if physicians adopt the practice, as is often the case, of sending to the nearest apothecary for the leeches, or a leecher, saying anybody can put them on, he cannot be sustained. The truth is, apothecaries, by each one doing a little, do just enough to spoil the business, with little or no profit to themselves. Moreover, if the patient, or any inexperienced person applies them, he seldom does it to the best advantage; frequently cannot make them bite, almost always produces much fatigue, generally loses time, and gains nothing in the end.—*N. Y. Medical Times.*

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No. 10.

ART. I.—*A Case of Cesarean Section.* Reported by
J. HENRY CLARK, M. D., of Newark, N. J.

DURING a recent visit to Bethlehem, Pa., I was kindly introduced, by Dr. Benjamin Wilhelm, of that town, to several cases of interest. Want of knowledge of the English language prevents him from communicating with the profession in our vernacular tongue. One case, however, deserves notice, most especially because of the boldness of the operation, and its success. The results of the operation for the removal of the contents of the gravid uterus have been so frequently unsuccessful, that a case of such entire success surely deserves to be recorded in the pages of a medical journal.

Mrs. Book, a colored woman, aged 31, of good constitution, was the subject of the operation. Four years before the date of the operation, she was delivered of a dead child with forceps, by Doctors Green and Enos, of Easton. Afterwards miscarried successively at six, five, and seven months; the latter time she was delivered of dead twins.

A year after this event, she became again pregnant; was very well during the first eight months; afterwards suffered much pain; was greatly disabled; felt the "movement" more in the right side.

May 6, 1850, arrived at full time; waters discharged; pulse natural; pains strong. Finding the pelvis greatly contracted, Dr. W. endeavored to apply the forceps, but without success.

May 7, attempted to turn, but with no better result. He could only get one foot down.

May 8, pains very frequent and frightfully severe, threatening the life of the mother, if the child had not already been sacrificed, of which he could not be certain. 10 o'clock P. M., summoned two of his professional brethren, and in a cabin on the banks of the Lehigh, by the insufficient aid of a candle at this midnight hour, the doctor proceeded to the formidable operation.

Introducing a scalpel one inch below the umbilicus, he cut along the line of the linea alba, in a downward direction, about six inches. The second incision was made *directly into the uterus*. Finding the opening too small, he passed up the knife an inch and a half, a little to the right of the umbilicus, and proceeded to remove a very large child, which appeared to have just died. He closed the wound with very loose sutures. The second day after the operation, he opened the ligatures, and afforded the wound an opportunity to bleed. This extensive cut healed speedily, with no untoward symptoms, and ever since she has enjoyed perfect health.

In our visit we found her at the wash tub. There is an evident disposition to hernia along the cicatrized track, and she says that she has pain when considerably fatigued. Mrs. B. told me that she had never been pregnant again, although exposed as much as before that time, and that she has never known anything of sexual delight since the operation. Her periods, however, are regular, and her general health is evidently excellent.

ART. II.—*Is Revaccination necessary, and when?*

DR. BUTLER:—

IN the unsettled state of this question, any contribution to our knowledge upon the subject will be deemed important. The following statement, drawn up at my suggestion by Dr. HENRY COOK, is the result of observations made and noted by him, during his residence at a town on Long Island, which was very much isolated from neighboring places, and afforded, under its peculiar circumstances, an opportunity of testing the necessity and value of revaccination rarely met with, and which, it will be

seen, he has embraced with intelligence, and a degree of industry and care which commend his example to others. Having very kindly complied with my suggestion to write out his experience, and given me permission to use it in any way I may wish, and regarding it as too valuable to remain unpublished, I will ask you to spread it before the world in your excellent journal.

Very respectfully,

JNO. H. GRISCOM.

NEW YORK, Sept. 11, 1855.

Is it necessary that vaccination should be repeated after a certain period of time has elapsed, or does its protective influence continue through life?

This question has of late occupied the attention of medical men, and become a subject of serious consideration.

That the vaccine disease so modifies the condition of the system as to be, in by far the majority of cases, a complete protection for a number of years against smallpox, is universally acknowledged; and the discovery of so potent an agent, and great a blessing conferred on mankind, by which one of the most loathsome and fatal diseases is warded off, or rendered comparatively harmless, ought to cause the name of Jenner, who was made the instrument of promulgating it to the world, to be spoken of with the greatest respect.

But that the system ceases to be under its influence after a certain term of years, has become, of late, a disputed question; some arguing that, if well and effectually performed, the individual is protected through life, while others, on the contrary, are of opinion that the changes which are gradually and constantly going on in the human organism so alter its condition as at length to render it again susceptible to the variolous poison in its most virulent form.

To the latter opinion I am disposed to incline, and base my conclusions on the following facts which have come under my observation:—

A lady, who had been thoroughly vaccinated in early life, was exposed to a case of varioloid of the mildest form; she contracted the disease, but it assumed the type of confluent smallpox, of which she died.

A gentleman, about 60 years of age, was also exposed to the same case; he contracted the disease, which took on the form of distinct smallpox, with marked secondary fever following. This person had been vaccinated about fifty years previously.

During the existence of the disease, I vaccinated 75 individuals. Of these, 45 were cases of revaccination. In 31 of the 45, the vaccination took effect, and went through its regular stages.

In the greater proportion of these cases, the scar produced by the first vaccination was satisfactory, and an interval of from twenty-five to forty years had elapsed from the introduction of the virus into the system.

Of the 14 cases of revaccination that were not successful, 10 were under twenty years of age; 3 between twenty and thirty, and 1 between sixty and seventy.

The conclusion arrived at in my own mind is, that revaccination, after a certain period of time, from ten to twelve years, should be attempted, and if it does not produce any characteristic impression, and the operation has been well performed, it may be presumed that the system is still under the protective influence of the first vaccination. This should be repeated at intervals of one or two years, till the vaccination again takes effect.

HENRY COOK.

125, CLINTON ST., Brooklyn.

ART. III.—*Translations from Foreign Journals.*

By CH. F. J. LEHLBACH.

Local Treatment of Mammary Cancer.—In a case of mammary cancer, Dr. Groetzner excited inflammation by the application of muriate of zinc, and then promoted suppuration by balsam Peru, creasote, &c. Internally, the iodide of potassium was administered. In this manner the cancer was entirely removed, while the skin cicatrized without loss of substance.—*Casper's Wochenschrift.*

Hydrocele treated with Injections of Chloroform.—This new method is recommended by Prof. Langenbeck, the celebrated Berlin surgeon. In the *Deutsche Klinik*, Prof. Langenbeck publishes his

mode, and enumerates four cases treated and cured by him in this way. The mode of injecting is nearly the same as in cases where iodine injections are resorted to. The serum having been withdrawn through the canula of the trocar, one to one and a half drachms of chloroform were injected, and by slightly kneading the scrotum, the injected liquid was more closely brought into contact with the tunica vaginalis. The chloroform was left remaining in the scrotum for two minutes, when it was permitted to flow out; and, in order to remove it as thoroughly as possible, one or two injections of cold water were made into the scrotum. Finally, the scrotum was wrapped up in linen rags, wet with cold water, until the acute pain had subsided. Febrile reaction has not been observed after the operation. The swelling of the tunica vaginalis and tunica albuginea, is somewhat considerable during the first twenty-four hours, although not as serious as in iodine injections. Dr. Langenbeck thinks that the *excision of a portion of the tunica vaginalis* is always a very serious operation, because violent fever, local inflammation, *which may even extend to the peritoneum*, is apt to follow, and the patient is obliged to keep his bed for four or six weeks.

[I have seen a case of hydrocele radically cured by the following method, which, if I recollect rightly, originated with Prof. W. Parker, of New York: The scrotum having been emptied, a probe was introduced through the canula into the cavity of the scrotum, *armed at the end with nitrate of silver to the extent of about one inch*. By several circular sweeps of the probe, the caustic was brought into contact with the tunica vaginalis, and then withdrawn. The mode of arming the probe is the following: A thick paste is prepared (the best material being glue), and the end of the probe covered with this as far as necessary, and just thick enough to be introduced through the canula without difficulty. Just before the operation, the glued end of the probe is dipped into finely pulverized nitrate of silver, which adheres to the glue, and completely covers the end of the probe with a thin layer of caustic.—TRANSLATOR.]

Bi-iodide of Mercury.—Those who find it necessary to prescribe the hydrargyrum bi-iodatum contemporaneously with cod-liver oil, as is often the case, may, instead of administering these remedies separately, conjoin them. Dr. Barnes found the former remedy,

when finely pulverized, to be soluble in cod-liver oil in the proportion of 1-200 at an ordinary temperature. It is also soluble in oil of almonds, castor oil, chloroform, and melted lard.—*Mon. des Hôp.*

Tenesmus in Dysentery.—Dr. Ehrenberg highly recommends the administration of *vapor-clysters of chloroform* in tenesmus. Mode of administration: Take a common 4 oz. phial, in which one drachm of chloroform is poured. Adapt a common, but tightly closing tube, of India rubber or gutta percha, to the end of the phial. Provide the other end of the tube with a canula, similar to that of a common syringe, having several small openings, and introduce it into the rectum. To hasten the evaporation of the chloroform, the phial may be held with the hands, or warmed by immersing it into a vessel filled with warm water.—*Medicinische Neuigkeiten.*

NEWARK, N. J., Sept. 1855.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. IV.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, June 27, 1855.

Bright's Disease.—Dr. FINNELL presented a *kidney*, weighing 8 oz., removed from a boy 12 years of age, whose health was good until one year since, when his health and appetite commenced to fail. He, however, continued going to school. Four weeks previous to death, he was severely chastised by his teacher, beating him on the head. The next day he complained of pain in the head, but returned to school for a week, though still suffering from his head, occasionally vomiting, and at times having some febrile action. Two weeks before death, he was seen by two physicians, who, supposing him to have inflammation of the brain, caused by the beating, treated him accordingly. He died, after having a convulsion, as conjectured, of effusion of the brain. In consequence of its being reported in the neighborhood that death was caused by the beating inflicted by his teacher, an inquest was held by the coroner, and the *post-mortem examination* revealed the *brain* healthy, no fluid. Liver and heart enlarged; spleen three times the ordinary size; *kidneys* in a dark, black condition, their surfaces covered with numerous granulations of a dull, grayish-white color, and scattered throughout the structure of the organ. The urine found in the bladder, contained albumen.

Dr. CLARK remarked that the disease probably existed for a year, and death was caused by an aggravation of the disease, from hyperæmia of the organ.

Softening of Spinal Cord.—Prof. A. CLARK presented a specimen of *softening of the spinal cord; Sudden paraplegia, gradual recovery; second attack, sudden and permanent; cord softened; multiple abscesses of the liver.*

History.—The specimen was obtained from a gentleman 45 years of age, a bachelor and merchant, who enjoyed usual health till June, '54. He had suffered sometimes from dyspepsia; had once in his life, under peculiar circumstances, for a short time been addicted to the solitary vice. Once had a small sore, that he thought might be specific (it probably was not), and three years ago had two or three ulcers on his legs, and a swelling of the top of the foot, which made him a little lame for a short time. Beside this, his health has been good.

In June of last year, while at Schooley's Mountain, without any known cause, he was suddenly stricken with paralysis of the lower extremities, at first nearly complete, but in a few hours he recovered some use of his legs. In the course of a month, he was able to walk clumsily. From that time he slowly improved, so that by the autumn he could walk the streets without much fear of falling, though in stepping down from the sidewalks into the streets, he found some care necessary. During all this time he suffered severely from neuralgic pains in the legs. In the course of the winter (January) he went to Europe, and thinks that during the voyage, while there, and on the passage home, he improved more rapidly than before, so that on the third of May, one day before landing, he hardly felt himself an invalid. He walked firmly, and had some athletic amusements with his fellow passengers, such as he would not have dared to have attempted before the voyage. In some of these exercises he felt a sudden pain shoot through his chest, on the line of the fourth and fifth ribs. This, however, was not very troublesome, and he went to bed with no more apprehension than usual. During the night he awoke once or twice, and felt his legs "much as if they were asleep." He thought little of this, however, but when he attempted to rise, early in the morning, he found his legs powerless. Attempting to stand, he fell heavily on the floor, and could not rise. He obtained assistance by raising his body by his hands and arms on to a trunk, so that he could reach the bell-pull. From that time forward he had no voluntary power in the legs; they felt numb and dead, yet some sensation existed in them, and they were very prompt to obey the reflex influences. In the first attack the sensation was not wholly abolished.

On the 7th of May his condition was as follows: Sitting in an easy-chair with his legs extended on another chair, without any power to move them. At times they started involuntarily; hands and arms entirely free, and as strong as usual. A sense of painful constriction in the chest, on the line of the fourth and fifth ribs, centering in the sternum; sensation all below this line on the chest and abdomen imperfect (ascertained by pinching the skin); bowels constipated; urine, retained for a time, was now dribbling away without pain; mind perfectly clear, appetite good, pulse natural, tongue clean, and no unpleasant sensation, except in the chest; no tenderness on pressing the spine.

Treatment.—Consisted of derivatives to the spine between the shoulders, moderate diet, laxatives, the catheter, and a general tonic plan, including the use of strychnine. Patient under care of Drs. Parker and Watts.

In less than ten days, excoriations occurred on the paralyzed parts most subjected to pressure, and soon ulcers. There was no improvement in the symptoms, but he gradually lost strength. He however continued to sit up a considerable portion of the day, till the 16th of June.

On the 19th of June, Dr. C. saw him with Drs. Parker and Watts. He was then wholly confined to bed, pale, emaciated, countenance somewhat sallow; had a very large, deep-black slough over the sacrum, and a smaller ulcer on each hip. He had had chills, followed by sweating, at irregular intervals, for several days; pulse 130 to 140, and small; respiration frequent,

with occasionally a sense of constriction and suffocation (the constriction he referred to the trachea just above the sternum); twitching of the legs, shoulders, hands, and body; tongue covered with whitish, hard papillary elevations; complained of pain in the shoulder blades; his mind at times flighty; bowels evacuated, as from the first, without his knowledge, and now rather frequently; urine constantly flowing, turbid, containing pus; a slightly sallow tint of the complexion and skin. He had no pain except that in the shoulder-blades. No sensation from the sores about the pelvis. Reflex action brisk, and sensibility almost wholly abolished in the lower extremities. The treatment now was entirely sustaining. It was evident that he had purulent accumulations somewhere, and the increasing icterus indicated the liver as its probable seat. Three days later, the scrotum became erysipelatous and much swollen. He died on the 24th, at 12½ A. M., having just demanded to be raised to the sitting posture in bed; a moment after being raised, he breathed his last.

Post-mortem examination 17 hours after death; thermometer 70° at 7 A. M. Weather damp and sultry. No rigor mortis in any part of the body. The whole surface pretty deeply jaundiced. Erysipelatous blisters on the thighs and about the pelvis; the large black ulcer on the sacrum bubbling with the gas of decomposition; tissues of the back watery and pale.

The spinal canal was opened from behind, and the spinal cord removed from the third cervical to the first lumbar vertebra. On the anterior face of the theca in the lower dorsal region, were spots of ecchymoses, an inch or so in length, by ½ inch in width; but there were no corresponding marks or change on the arachnoid surface, or in the cord. The theca and arachnoid were stained of a tan or brownish color by the decomposing blood, or imbibition of hæmatin. The cord was of usual firmness from above downwards, as far as the fourth dorsal vertebra. Here was a portion, one inch in length, so much softened on its anterior half as to fluctuate like a small abscess. Cut into, it was semi-fluid, of a whitish drab color, showing no trace of fibrous arrangement, and no stain of yellow to mark a former apoplexy. This softening was equal on the two sides, but not so much affected the median portion, where a narrow septum, perhaps ⅛ inch in thickness, of only partially softened tissue, separated the pultaceous portion on the right and left. The posterior portion was also softened, but to a less extent, and not wholly pultaceous. The arachnoid covering this softened part was united to the thecal arachnoid by three or four delicate threads of adventitious tissue, showing the former presence of adhesive inflammation. The same kind of threads were noticed both above and below the softened part, for a little distance. Above and below the softened portion, for the space of two inches and more, the vessels within the cord were numerous, large, and full. There was, however, in these portions, no loss of firmness. The contrast of color between the softened portion of the cord and the firmer parts above and below, was sufficiently striking; the former being of a dull, whitish drab, without any mark of vascularity, the others were (after exposure) of a pale pink, showing vessels as large as a small sized sewing thread.

The liver was large, weighing perhaps six pounds, as dark-colored as dark blood could make it, and thickly studded with small abscesses. The purulent deposits varied in size from a No. 7 shot to duck shot, and a few nearly a half inch in diameter, irregular in shape. These occurred on the surface, once in every half to three-fourths of a square inch. In the interior of the organ they were not quite so abundant. No inflammation of the capsule.

All the tissues of other parts were moderately stained with bile. Brain and thorax not examined.

Dr. CLARK observed that the inquiry regarding the cause of this softening was interesting. The symptoms of the attack in June, '54 all point to apoplexy as its most probably source. That attack was sudden. The paralysis was complete for a few hours, and after that there was gradual improvement

for near eleven months, with neuralgic pains in the legs; then came sudden, complete, and permanent paralysis, in which there was no neuralgic pain. The last attack was, beyond question, caused by softenings that had been insidiously going on for some time before the sudden development of the symptoms. Regarding the first, it is true that the examination after death did not reveal a blood-stain, or any other mark of former apoplexy, but it is easier to suppose that the blood may have been wholly absorbed, and yet have provoked the softening, than to infer that the symptoms of softening could undergo such marked improvement through a period of eleven months.

Hydatid Cyst of Liver.—Dr. CLARK next exhibited a specimen of an enormous cyst of the liver, removed from a man 62 years of age, sent to him by Dr. Turner, of the King's County Hospital. He was received into the institution on the 17th of February last, and complained of diarrhoea and pain in the bowels, and stated he had been sick about three months. Was emaciated, and complexion sallow. Had about eight passages from his bowels during the night, and three or four during the day; appetite good, tongue clean, pulse 88. On examining the abdomen, the liver was felt extending below its normal limits, and on its surface several firm eminences were perceived. He experienced much pain on pressure being made over the liver, more in central portion than elsewhere. He died on the 5th of May, being comatose six hours previous.

On inspection after death, the liver was found to contain a cyst of monstrous extent, filled with a dirty, greenish-colored fluid, which deposited a sediment composed of crystals of margarine, or some fatty matter. The microscope reveals nothing characteristic. On examining the inner lining membrane, there seems to be a material which does not belong to the healthy body; it is a structureless, striated, hardened tissue. He, Dr. C., considered it to be a great hydatid cyst. In portions the liver is cancerous.

Cancer of Stomach. Hypertrophy of Stomach.—Prof. J. T. METCALFE presented two stomachs, removed from persons between 50 and 60 years of age, both during life having the same symptoms, attributed to cancer. In both there was pain and vomiting occurring after meals, varying from a few minutes to half an hour. Both were emaciated, and labored under constipation. An epigastric tumor existed in each. In the one (the cancerous) the tumor extended from the sixth rib to the hypochondriac region, painful, hard, and irregular on surface. Each died of inanition. Both were supposed to have cancer of the stomach; but the examination after death revealed, in the latter case, the stomach, having an obliquity from left to right approaching a position nearly vertical. Its anterior wall greatly hypertrophied, mucous membrane congested and red. Omentum thickened and congested; glands enlarged, and over the whole peritoneal surface were deposits of hard, white masses, cancerous. Lungs and liver free from cancer. Lymphatic glands not cancerous. In the other instance, the mucous membrane of the stomach was greatly thickened; the orifice enlarged; nothing else discovered, no cancer; it was simply hypertrophy of the normal tissues of the organ.

The practical point of interest, observed Dr. M., to be derived from these cases, when considered together, is, that when there exists a tumor ~~near~~ the stomach, pain and vomiting, progressive emaciation, and death by inanition, we are not always justified in regarding the disease in question as cancer of the stomach.

Dr. CLARK considered the question not determined as to this form of disease being malignant or not, nor did he regard the microscope as alone capable of settling the point. Fourteen years since, he had promulgated the opinion that cancer could not always unequivocally be determined by that instrument, and since then, greater familiarity in its use had not induced any change in his views. Nor did he regard it, in the present cases before the Society, as a matter of any practical importance in forming a correct diagnosis, since both produce death in the same manner.

Tubercles of the Kidneys and Bright's Disease.—Dr. METCALFE then presented the kidneys removed from a man 40 years old, admitted into *Bellevue Hospital*, suffering from a slight diarrhoea, of which he was relieved in a few days. His account of himself was unsatisfactory, his intellect being obtuse. He stated he had for some time been inconvenienced by an affection of the bladder, causing a frequent desire to pass his water. His urine was withdrawn by a catheter, and found to contain a large quantity of albumen, also pus and blood in considerable abundance. The next day he gradually sank, becoming comatose just before death.

Post-mortem Examination.—The bladder contained 2 or 3 oz. of bloody, brickdust colored urine, similar to that drawn off during life by the catheter. On the inner surface, corresponding with the trigonum vesicale, was a slight thickening and roughness of the mucous membrane, from chronic inflammation. Nothing abnormal was observed respecting the ureters, except some distension of that of the right side.

The kidneys were enlarged (weighing $7\frac{1}{2}$ ounces). The surface seen through the capsule, which was easily detached, was irregularly nodulated, the nodules being generally not larger than those of a cirrhotic liver. In color they were mottled red and white. A section through them showed considerable atrophy of the cortical portion, with general albuminous infiltration of the cellular tissue. The tissue was hard, and cut much like the liver in cirrhosis. Small masses, having the appearance of miliary tubercles, were scattered through the kidney. Here and there were purulent collections, in size from a duck-shot to half an inch in diameter, with well-marked, thick, firm cysts, separating them from the renal tissues. Many of these cavities were anfractuons. The renal artery of the left kidney was as large as a goose-quill. The walls were very much thickened, and the vessel penetrated between the apices of two pyramids before subdividing.

Microscopic examination showed that the cavities contained broken down tuberculous matter, mixed with abundance of pus. In many places the tubes and cells were perfectly healthy. In a few, there was well-marked fatty degeneration of the epithelial cells. There was much new tissue, the result of simple exudation, as was shown by the great abundance of fibro-plastic cells found in all parts examined.

Nothing else abnormal was observed in the abdominal contents. The thoracic organs were healthy, except that each lung contained in the upper two inches, a small amount of miliary tubercles. The tissue was crepitant on pressure, and presented not the slightest trace of yellow or softened tubercle. The brain normal.

Dr. METCALFE remarked, it would seem an inevitable inference from the history of this case, that the tubercular deposit occurred primarily in the kidney. It thus furnishes us with a rare illustration of an exception to the general law of tuberculosis occurring in the adult. It is, moreover, of much practical interest, by showing how great organic lesions may exist with but trifling indications from general symptoms.

Ulceration of Appendix Vermiformis.—Dr. METCALFE next presented a specimen of ulceration of the appendix vermiformis, occurring in a young gentleman 19 years of age, of good constitution, and without having ever suffered from serious illness. Commenced to complain of slight colicky pains in the abdomen, with a little febrile excitement and nausea, on the 2d of May, 1855. In his absence, his friend, Dr. J. H. Borrowe (from whom the history of the case has been obtained), was sent for, who, in addition to the symptoms above mentioned, noticed a furred tongue, and a yellowish hue of the skin. There was no pain on pressure over the abdomen. A cathartic (calomel and scammony) ordered. It did not operate. The next day, May 3d, although complaining of slight nausea, he dressed himself and came down to the drawing-room. No heat of skin, nor quickness of pulse. About 12 o'clock in the day he had a rigor. The night was passed restlessly; he

complained of a general uneasy, painful sensation over the abdomen. The next morning, at 7 o'clock, Dr. Borrowe was sent for. He found the patient with a rapid, small pulse; cold, clammy skin; tympanitic and tender abdomen, and collapsed face. He at once suggested the probability of peritonitis from intestinal perforation, and expressed his grave fears of an unfortunate termination. He was at once placed on the opium treatment. At 11 A. M., was seen in consultation with Dr. Van Buren. The state of collapse had continued; pulse of same character, 150 per minute. Fifteen leeches to the lower part of the abdomen, and opium to be continued, in quantities sufficient to control the pain. In the evening some slight reaction had taken place; opium continued, and in addition a blister covering the abdomen. At 12 o'clock at night Dr. Metcalfe saw him, with Drs. Borrowe and Van Buren. He was then quite tranquil, evidently from the effects of the opium. The skin was warm and moist, the pulse 120, respiration natural in frequency, thoracic tympanitis, great abdominal tenderness, frequent eructation of gas. To give beef tea, brandy and water, and milk punch as stimulants and nourishment. To continue the opium, *pro re nata*. The symptoms continued without material change until the morning of the fourth. Dr. F. U. Johnston was then added to the consultation. At this time it was noticed that the pulse was failing, and that there was a tendency to coldness of the extremities. The same treatment was continued. About 3 P. M., he commenced to sink, and without a struggle, expired an hour afterwards. Consciousness and intelligence were natural, until a few minutes before death, when there was a little wandering of the mind.

Post-mortem examination twenty-three hours after death. Weather temperate. From having been kept in ice, there was great muscular rigidity. On opening the abdomen (the only cavity examined) a small puff of fetid gas escaped as the knife penetrated the peritoneal sac. This was found to contain a few ounces of turbid, brownish yellow fluid, having the odor of fecal matter, most marked in the right iliac region. Elsewhere there was arborescent injection of the peritoneum, but no effusion, save in one or two spots near the commencement of the large intestine, where exudation of plastic lymph was observed. By this, the caput coli and appendix vermiformis were adherent to the mesentery, which, at this point, was intensely congested with blood.

On being carefully separated from its adhesions, the appendix was found to contain some hard body, as large as the end of a man's middle finger, impacted in the diverticulum, not more than a quarter of an inch from its intestinal extremity. Beyond the obstructing body, the appendix was dilated, in its whole length, by fluid, which had apparently been prevented from passing into the cæcum, by the plug referred to. Opposite to the latter was a perforation from sloughing of the walls of the vermiform process, which had allowed the intestinal contents to escape into the peritoneal sac.

The cause of the obstruction was found to be a hardened stercoral mass, measuring half an inch in diameter, in which were imbedded small bits of undigested vegetable fibres, and small fruit seed, apparently those of the strawberry.

E. LEE JONES,
Secretary.

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BIBLIOGRAPHICAL NOTICES.

ART. V.—*A Treatise on Diseases of the Heart and Aorta.* By WM. STOKES, of Dublin. Pp. 710. Philadelphia: Lindsay & Blakiston, 1855.

ALTHOUGH but a few years have elapsed since the investigations of Laennec spread before the medical public a new field of inquiry, text-books and manuals on cardiac and pulmonic pathology and diagnosis, have multiplied in an unprecedented manner; many of these, devoted entirely to the elucidation of certain normal and abnormal signs and sounds, either by their strife of opinions, or over-refined diagnostic rules, have proven to be real inflictions, perplexing the student, and crippling his endeavors to gain truth, by rolling up before him a mass of conglomerate subtlety. We are glad, then, when we can introduce to our libraries an intelligible, eminently practical treatise, in which it is the author's aim to reconcile important differences, and to make use only of such principles of diagnosis as have become positive. Dr. Stokes enjoys a world-wide reputation as a skilful physician and reliable author; but it is in the specialty of thoracic pathology, that he has acquired a high rank, as an acute, and cautious observer—reducing every discovery to its purely practical merit, he assumes nothing that is not founded on a substantial basis of clinical evidence. The volume before us is an exposition of facts and inferences, that have accumulated through a long experience, and as such, will meet a hearty welcome from the medical practitioner and student. Its arrangement is well adapted for study; after a description of each disease—physical diagnosis, complications, &c.—a *list of cases*, from the author's own case-book, illustrative of nearly every modification of the disease under consideration, is appended; many of these are unique, while many will be recognized by the general practitioner, as familiar in his own practice. At appropriate intervals through the book, the text is recapitulated in its most prominent features, a review that greatly aids the reader to preserve the connection of the argument.

Dr. Stokes insists, throughout his pages, on the necessity of great caution as to a reliance on physical signs alone, in the diagnosis of disease. "It will be found," says he, "that important changes may exist without corresponding physical signs—that, as disease advances, its original special evidences may disappear—that the signs of a recent, and trivial affection at one portion of the heart, may altogether obscure, or prevent those of a disease longer in standing, and much more important—that functional alteration may not only cause the signs of organic lesion to vary infinitely, but even to wholly disappear—that the signs on which the practitioner has formed his opinion to-day, may be wanting to-morrow, and lastly, that to settle the simple question between the existence of functional, and that of organic disease, will occasionally baffle the powers of even the most enlightened and experienced physician." While deprecating implicit confidence in auscultation and percussion, he nowhere omits to concede them their full value as two most efficient auxiliaries, in the investigation of thoracic complaints.

As a subject of great importance in practical medicine, he refers to the innocuousness for years of valvular disease, notwithstanding the development through that whole time of prominent and permanent physical signs. The remarks are so suggestive, and exhibit the character of the work so faithfully, that we extract them.

"It appears certain, that in some cases, after a valvular lesion has been established, the processes of organic change are either wholly arrested, or advance with extreme slowness, so that, should the condition of the heart's cavities remain unaltered, and the general health of the patient continue good, no symptoms of heart disease will occur for many years, and the individual may not only enjoy an apparently perfect state of health, but be able to undergo violent and fatiguing exercises, and even indulge freely in the use of stimulants. Such cases may go on for many years without the occurrence of any symptom which awakens the attention of the patient, or excites the apprehension of the physician. Yet all this time a valvular murmur has existed in the heart.

"Now, it may often happen in such cases, that the patient, having contracted some inflammatory affection of the lungs, consults a physician who has had no knowledge of his previous history. A stethoscopic examination is made, a loud murmur is detected, and a twofold error is commonly committed: first, that the murmur is supposed to indicate a recent, and progressive disease, and next, that the patient is suddenly, and for the first time informed, that he has an organic disease of the heart. Physicians who cannot help thinking aloud, or, who less excusably, are fond of exhibiting their diagnostic tact to the patient, are but too apt to commit these errors. The greatest evils now result, for the chief safeguard of the patient is at once removed, and his attention is painfully directed to the state of his heart, than which there could be nothing better calculated to hasten its disease. But this is not all: a long-existing change, which we might compare to the cic-

trix of a wound, is taken for a recent and progressive disease. All the habits of the patient are altered by peremptory mandates; he is debarred the use of wine; he is placed on a low diet, and all active exercise, and pleasurable excitement are forbidden. The discoverer of the disease, too, must now attempt to cure it. Local and general depletion, mercury, digitalis, prussic acid, blisters and issues, are summoned to lend their aid in attempting an impossibility, and in doing that which ought not to be done, namely, weakening the heart, and exhausting the general nervous energy. Under such circumstances, and with the fear of sudden death continually before the mind, the results are just what might be expected; the action of the heart becomes enfeebled and irregular; its cavities dilate, with or without hypertrophy; and dropsy and visceral congestion close the scene. I know of no case more aptly illustrative of the evils of *nimia diligentia medici*.

"The practical rule, obviously should be, that when we accidentally discover a valvular murmur in the heart of a patient, whose previous health had been good, and who did not present any of the symptoms of disease of the heart, we should be slow indeed, in communicating the fact to any one, least of all to the patient himself. We must, without exciting his apprehension, seek to discover whether this murmur be the result of some long previous illness, or whether it be of recent origin; and if it appears that the patient, during the past seven or ten years, had suffered from rheumatic fever, with or without the symptoms of carditis, we may, with great probability conclude that the disease originated in the occurrence of that affection. We must then examine into the habits of the individual during the period in question, and be very slow in advising any alteration in them, for common sense must teach us that any system of living which had preserved the muscular portions of the heart from lesion, while the functions of the organ remained in a state of health, and which had not caused any advance in the valvular affection, should not be lightly departed from. And, above all, we must avoid the unpardonable error of treating a fixed, and incurable organic change as a recent and progressive disorganization."

The work is got out in substantial style, and will be a valuable addition to the library of the physician.

ART. VI.—*Letters to a Young Physician just entering upon Practice*. By JAMES JACKSON, M. D., &c. &c. Pp. 344. Boston: Phillips, Sampson & Co. New York: J. C. Derby, 1855.

IN primitive times, before medicine had assumed the features of a science, when experience and observation alone were guides in the treatment of disease, it was customary for those having experience in the management of the sick, to sit in some public place, that they might have the opportunity of imparting that knowledge and experience to the afflicted. In this manner, the attainments made by one generation in the healing art were linked to the succeeding one, until the genius of Hippocrates

grasped, and put on record, for all time, the traditionary medical lore of his age.

We have always felt that age and experience owe a debt to mankind, especially when knowledge can be imparted which will tend to relieve human suffering. Yet there are hoary-headed physicians going down to their graves with the accumulated experience of threescore of years in the practice of their profession, with their hands as it were upon their mouths, while the facilities for communicating their experience to their brethren amount almost to a nuisance.

Dr. Jackson, in the unpretending little volume before us, has well discharged his duty to those who are to succeed him. The work is just such a one as the young physician needs; and older physicians can read it with profit, particularly as it is the recorded experience of one who has been eminent in his profession. "It is my object," says the author, "in these letters, to point out to you in a familiar manner whatever occurs to me as likely to aid you, and which the books do not say much about." There are seventeen letters on the following topics: Introductory; on Conduct in the Sick Room; on the Nervous System, and on Headache; on Epilepsy, and the Convulsion-Fits of Young Children; on Apoplexy and Palsy; on Chorea, Neuralgia, and Pain; on Somnambulism, Animal Magnetism, and Insanity; on Dentition and the Period of Weaning; on Cholera Infantum, the Second Dentition, and Ulcuscula Oris; on Abscess in the Tonsils, Elongated Uvula, Bronchitis and Pneumonitis, Rheumatism and Gout; on Phthisis and Hæmoptisis; on Dyspepsia; on some Diseases of the Intestines, particularly of the Cæcum and Colon; on Constipation of the Bowels; on Bilious Diseases, Biliary and Urinary Calculi, and Irritable Bladder; on Boils; on the Treatment of Typhoid Fever.

This summary of the contents of the work will serve to show its exceeding value, particularly to the young practitioner, as a practical aid in cases that are met with every day, and many of which are often perplexing, even to a practitioner of experience.

We heartily thank Dr. Jackson, on behalf of the "young physician," for his little book, and cheerfully recommend it to our readers, old or young.

ART. VII.—*A Treatise on Epidemic Cholera.* By HORATIO GATES JAMESON, Sen., M. D., &c. &c. Pp. 286. Philadelphia: Lindsay & Blakiston, 1855.

BALTIMORE here presents us with a second work on the subject of cholera, both Dr. Jameson and Dr. Byrne—whose work was noticed not long since—having been residents of that city.

The subject of the work before us is one on which the profession needs light, and any contribution to its literature is valuable. Dr. Jameson writes with earnestness, and goes into the subject of cholera with a considerable degree of minuteness—its history, nature, causes, preventive measures, and treatment. He is a non-contagionist, and presents some strong reasons in support of his view.

Among the different methods of treatment, our author treats the subject of *transfusion* at considerable length. The very rapid loss of the fluids of the body in this disease, has directed the attention of the profession to some method for replacing them, and attempts have been made with many different substances; but hitherto without marked success. Our author does not mention the recent and partially successful attempts made with newly drawn cow's milk. Drs. Herapath and Bovell have succeeded in saving the lives of patients, when apparently far gone in collapse, by injecting into the veins fresh milk to the amount of about eight ounces.

Dr. Jameson's book, which is well worthy a place in the library of the physician, was published by subscription, we believe, so that it is probable there is a limited supply of copies for sale. Those, therefore, who desire to possess the work, should procure it soon.

The publishers have issued the work in their usual creditable style.

ART. VIII.—*American Eclectic Obstetrics.* By JOHN KING, M. D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati, Ohio, &c. &c. Pp. 741. Cincinnati: Moore, Wiltach, Keys & Co., 1855.

WITHOUT having taken time for a very critical examination of the above work, we would say that it appears to give a fair exposition of the present state of obstetrical science. We do not discover anything particularly new in the text. The author has exhibited commendable diligence in compiling and presenting the views of different obstetrical writers.

There is one feature of the work which to us is novel, viz: all the illustrations—many of which are taken from Ramsbotham and other standard authors—are represented in outline on a dark ground. This method has the advantage of cheapness, and, in many cases, of giving a clearer view of the subject intended to be illustrated. In many instances, however, this form of illustration is a failure.

Appended to the work constituting Part VI. is the "Obstetric Materia Medica," comprising a description of the various remedies employed in obstetric medicine. Of course, the vegetable *Materia Medica* holds the most prominent position.

The work seems well adapted for a text-book in the school with which its author is connected, and would not be out of place in the library of the true "eclectic," the unpretending physician, who does not appeal to popular prejudices by adopting a high sounding title to which his right is questionable. If our Cincinnati friends are not very careful, they will some day die with that word "eclectic" in their mouths!

The publishers have brought out the work in a very neat, substantial style.

- ART. IX.—1. *Transactions of the Medical Association of the State of Alabama*, at its Eighth Annual Session, begun and held in the city of Mobile, Feb. 5, 6, 7, 1855; together with the Code of Medical Ethics, and a List of Members. Pp. 148. Mobile: 1855.
2. *Transactions of the State Medical Society of the State of New York*; transmitted to the Legislature, Feb. 13, 1855. Pp. 308. Albany: 1855. (Public document.)
3. *Proceedings of the Sixty-third Annual Convention of the Connecticut Medical Society*, May, 1855; with a List of Members and the Dissertation of Stephen G. Hubbard, M. D. Pp. 87. Hartford: 1855.
4. *Transactions of the Medical Association of Southern Central New York*, at the Ninth Annual Meeting, held at Elmira, June 5, 1855. Pp. 124. Elmira: 1855.

OUR readers are aware that we attach great value to the published proceedings of the various medical associations of the country. We believe that these associations are of vast importance in connection with medical progress, and we consequently regard with peculiar satisfaction the steady increase in their number. We cheerfully devote some space to a notice of the proceedings of the several associations named at the head of this article.

The Alabama State Medical Association is one of the most active in the country. Its eighth annual session was held in Mobile on the 5th, 6th, and 7th of February last; Dr. L. H. Anderson, of Sumterville, the President, in the chair. The address of the President on the *Objects and Interests of the Association* was eminently practical, its recommendations being calculated to advance the interests of medical science in the State. One of the recommendations of the address, which we perceive was favorably received and promptly acted upon by the meeting, was to the effect that the Association be permanently located at Mobile, and that steps be taken to secure a room, to be known as the "STATE MEDICAL ASSOCIATION HALL," for the purpose of accommodating the annual meetings, and for collecting a pathological museum, specimens in the various departments of natural history, and a library. Some of our readers may remember that, in an address published in the last volume of the REPORTER, we advocated similar sentiments. There are, also, very interesting reports on

the botany, diseases, &c., of different sections of the State, besides papers on two or three other subjects.

The annual oration by Dr. W. Taylor, was on the *Eligibility of Mobile as a Site for a School of Medicine*. Our southern friends are much exercised to establish a medical school that shall rival those of Philadelphia and New York. Richmond, Charleston, Nashville, Louisville, St. Louis, Memphis, New Orleans, and now Mobile have bid for its location, and still the question remains unsettled.

The South is able to support one, or even two great medical schools; but the trouble is, both north and south, that so many contend for the prize; that instead of two, three, or four large schools, we have almost as many score of starving colleges, many of them supplied by peripatetic professors, who are compelled to waste their energies on two or three schools for support, instead of throwing them all in favor of one. If Mobile contends for this prize (and she possesses many natural advantages for the location of a medical school), we wish her success. With her Bolings, her Lopez, her Andersons, her Notts, and others, it would be easy for Alabama to make up a faculty that would be second to none in the country.

The *Medical Society of the State of New York* met at Albany on the 6th of February last, the President, Dr. C. B. Coventry, in the chair. In his address, the President briefly refers to the early history of the Society, and insists on the importance of keeping up the county organizations. From some remarks in the address on the subject of medical education, we quote the following:—

“Many suppose the schools can raise the standard of the graduate as high as they please, and compel the pupil to come up to it. The legislature make the laws, fix the period of study, and the number of courses they shall attend. All that the professors can properly require is, that the pupil has complied with the law, and made reasonable proficiency for the time required by the law. Much has been said on the subject of medical education in this country, and invidious comparisons drawn between it and the course of medical education in Europe. A committee of the American Medical Association in their report has the following:—

“‘And when we consider the existing system of other countries, how vast a difference is manifested, upon the most cursory examination; truly must it be acknowledged, that the mass of our medical graduates is inferior to those of other climes.’

“The author, whilst he expatiates on the system in other countries, the time spent in attendance on hospitals and lectures, and pronounces his dicta, gives no account of the system in our own country, except the attendance on lectures required. An old adage says, ‘Comparisons are odious.’ It is

particularly so in this case, for things entirely different are compared, with a view of disparaging our own institutions. The system of instruction in medicine is entirely different in the two countries, and the committee should first have shown the superiority of the European system, and its adaptation to the conditions and wants of this country. In Europe, medical schools are, for the most part, mere appendages of the hospitals. The pupil is expected to acquire his profession in the hospital: no private instruction is required, save the requirement of hospital attendance. In this country, the student is expected to acquire his profession of his private instructor. The medical schools are only accessory. It might be sufficient to show the absurdity of such comparisons, by simply showing that the European system was impossible in this country—until recently, we had no hospitals, to which the student could resort; and, even now, few of them are available for medical instruction. I am not, however, prepared to admit the 'vast' superiority of the European system, and its adaption to this country, where the pupil has a faithful, competent, and intelligent instructor. In England, as in this country, the only test of qualification is an examination; and a recent writer in the *Medico-Chir. Review* admits that an industrious pupil could acquire all that is required in four years. The pupil in the country, under the care of an intelligent instructor, learns not only the physical but the medicinal properties, and mode of compounding medicines, witnesses their administration, and watches their effect. He sees disease of every description treated by his preceptor, watches its progress from day to day; he feels the pulse, examines the tongue, auscultates the chest, listens to the throbbing of the heart, and seeks, without any hesitation, any explanation he may desire, from his instructor. In time, he is prepared to visit patients, and treat them, under the supervision of his preceptor; and, at the end of three or four years, he gets his degree—is prepared to start for himself. I had almost said books prepared them, if educated exclusively in a hospital, where most of the diseases he sees treated he may never meet in the country. In a hospital, most of the patients are broken down in their constitution by dissipation or poverty, and in the confined and contaminated atmosphere of a hospital, to say nothing of the risk of moral contamination attendant on a protracted residence in a large city, at the most susceptible period of life. Let me not be understood as advocating the too prevalent custom in this country of mere boys entering upon the study of medicine, only half educated, and totally unprepared for the study of a profession. This is a fault universal, and applies to every profession and business of the country. It is admitted that, as a general rule, medical students are better prepared and better educated, and of more mature age, before entering upon the study in Europe. I speak only of the course of professional education and its effects, provided they commence the study with equal qualifications.

"But our hospitals are under a different government from the schools, and, with few exceptions, are not available for medical instruction. At present, I believe that private instruction, under an able practitioner, is the best clinical instruction accessible to a majority of medical students. Our system of medical education was evidently adapted to the early condition of the country, and it may well be asked if the period has not arrived when an institution on a more extended scale, embracing a more thorough course of instruction, with regular clinical lectures, would not be sustained by the profession; combining, as far as practicable, the advantages of private instruction and hospital practice; this would necessarily require an extended lecture term, and a larger number of professors."

The annual address—also by the President, Dr. Coventry—is on *The Philosophy of Medicine as a Science and an Art*. The

address is interesting and instructive, but we must pass on to other portions of the *Transactions*.

Dr. Frank H. Hamilton, of Buffalo, contributes a long and eminently practical report on *Dislocations, with especial reference to their results*. Dr. H. is well known as an earnest laborer in the science and art of surgery, and one who looks at the shady as well as at the light side of the result of surgical treatment. In regard to fracture of the thigh, Dr. H. made use of the following language at the last meeting of the American Medical Association:—

“We have heard members of the profession declare that they could mend a fractured femur without shortening the limb. This is an impossibility;* and it is disgraceful to make such assertions; they are not true, and are calculated not only to degrade, but subject us to prosecutions for malpractice,” &c.

Dr. Hamilton is not disposed to hide his own shortcomings, or those of others in surgery. In the report before us, he gives an epitome of  results of dislocations which have come under his extended observation. The report is so useful that we would gladly spread it before our readers entire, but that being out of the question, we content ourselves with a few quotations, with the hope of giving a good summary of the whole article; and this is more easily done, as the author has himself furnished a kind of synopsis of the various subjects of which he treats.

Dislocations of the Clavicle.—“Of the nine collar bone dislocations, eight occurred at the acromial or distal end, and one at the sternal or proximal end. Of the former, seven were dislocations upwards, the bone being merely lifted from its articulation, but not made to ride over the scapula. In one case, the dislocation was upwards and outwards, and must have been accompanied not only with a rupture of the capsular ligaments, as in all of the other cases, but also with a rupture of the coraco-clavicular ligaments, without which so much outwards displacement cannot occur.

“In most of the cases, the clavicle was easily reduced, but in no instance was it made to remain in place; not even measurably; the displacement being always as great after treatment as before. In all cases, except one, where the result has been ascertained, the functions of the arm and shoulder have been more or less impaired, yet generally the impairment has been trivial.

“I am quite sure that it will not be found often, if ever, practicable to retain the scapular end of the clavicle in place when it has been once dislocated; and that the same difficulty will generally exist when the dislocation is at the sternal end.”

Dislocations of the Humerus.—“My records furnish me with 44 cases of dislocation of the head of the humerus, of which 30 were downwards and 14 forwards.” Of the whole number, 38 were reduced, two of which are sup-

* In a report of Dr. Hamilton's remarks in the June number of the *REPORTER* (p. 188), he is made to say this “may be an impossibility,” &c. Our readers will please note the error in that report, and correct it.

posed to have become relaxed, and so remained at the time of my examination. Of the five which were never reduced, one was recognized immediately, but the attempt to reduce it, on several consecutive days, failed. Two cases were not seen by a surgeon until some time after the accident. One case, complicated with a fracture of the same bone, was seen by a surgeon, but the accident not recognized. The history of one case is not known. About one-fourth part of the whole number now in place were reduced immediately, or within a few hours, and the remainder at periods varying from one day to eight weeks. In only three or four of the first class of cases were anæsthetics, or the mechanical appliances used, and in five or six of the latter. Two of the luxations were complicated with fracture of the same bone, and one was compound.

"It will be observed that the procedures adopted by myself in the reduction of recent cases has been much varied in different cases, and sometimes in the same case, but that the reduction has been generally effected while pulling upon the arm outwards, and a little downwards from the line of the body. In some cases the extension has also been made successfully at right angles with the line of the body, and in others directly upwards and over the head, and in others manipulation alone, without extension, has been employed. But whatever direction has been adopted in the extension, I have never omitted to make a direct application of the counter force to the scapula, through the acromion process, which I regard as vastly more effective than any counter force applied to the axilla, and to which, indeed, I have generally observed that the successful result was due. The necessity of avoiding the axillary margin with the heel, or the counter extending force, is well enough understood, but I doubt whether surgeons have sufficiently appreciated the difficulty of doing this, or, indeed, the complete impossibility of making here any effective pressure against the scapula, even though the heel shuns the muscular margins, and buries itself however deeply in the axilla. A moment's attentive consideration must convince us that by this procedure the scapula may be lifted outward from the body, but not certainly carried backwards in a direction opposed to the extension. If, therefore, the heel in the axilla serves any useful purpose, it must be as a fulcrum; it may also serve some useful purpose as a mode by which both the patient and the operator may be steadied while extension is being made at the forearm.

"It is against the end of the acromion process, therefore, that I have always sought to make counter-extension when pulling downwards or outwards, and against the top of the scapula when pulling upwards. * * *

"The usual appliances for confining the scapula, such as a band across the acromion process, or a sheet with a fenestrum through which the arm is thrust, &c., I have found generally unreliable, and I have preferred the fingers or the hands of a stout assistant, or my own foot.

"In one case only have I resorted to the practice first suggested by Nathan Smith, of making the counter-extension from the opposite arm. The reduction was accomplished easily. I have no doubt of the correctness of the principle upon which the suggestion is based.

"In several instances my attention has been called to a remarkable fulness in front of the head of the bone, which has continued for many months after the reduction has been effected, the patients having in some cases applied to me to know whether this did not indicate that the shoulder was not properly set, since it seems, upon casual inspection, like a partial forward displacement of the head of the bone, and which seeming is the more conclusive, because there is often a corresponding flatness or depression behind. Yet a careful examination has proven that this fulness is not due, in any degree, to the position of the head of the bone, from non-reduction of the bone or laceration of its capsule. It is equally present where the elbow is carried forwards, and when, consequently, the head of the bone is thrown back in its socket, as when the elbow is carried back. It has been observed as often,

also, as will be seen by reference to the cases, where the luxation has been downwards into the axilla, as when it has been forwards. While I am not prepared fully to explain the cause of this phenomenon, I am disposed to regard it as a purely muscular fulness, and as having relation only to the injury which the pectoralis major, or, perhaps, some portion of the deltoid muscle, has sustained.

"I am certain that muscular contraction and rigidity is the most frequent cause of the complete anchylosis, as well as of the minor embarrassments to freedom of motion, which so often ensue upon those accidents, and which I would term *muscular anchylosis*, to distinguish it from those few cases of anchylosis which result from fibrous adhesion about the joint. In but few instances, immediately after the reduction, has the patient been able to lift the arm, by his own volition, to a right angle with the body, yet in every instance it could be lifted, without causing much, if any pain, by the surgeon. The muscles, either by the displacement or in consequence of the means employed to reduce the bone, have suffered serious injury, and the present paralysis, where, indeed, it is not due to lesion of some nerve, must in some measure foreshadow the future contraction and rigidity.

"In two cases of unreduced downward luxations, the patients could carry the elbow back much further than they could forwards; and in case of a forward luxation, the same thing was observed, while in four cases a general muscular anchylosis occurred, which lasted many months, and during which time motions of the joint were nearly or entirely lost, the scapula moving always with the humerus. In each case, however, after a period longer or shorter, the motions of the joint gradually returned.

"The application which I propose to make of these facts is, that the head of the humerus may be displaced, after a reduction has been once well accomplished, by the mere force of a gradual muscular contraction, steady and long continued, and without the aid of extreme violence, or the intervention of sudden spasm; and that in case of an unreduced shoulder, we are not forced to conclude that it has never been properly reduced, because it cannot be shown that any new accident has occurred, or that the patient has had spasms of the muscles, or that he is subject to such dislocations from trivial causes, or, indeed, although the subject was not himself conscious of a sudden escape of the bone, since, in such a case, the bone, stayed and supported on each side by muscles in a state of extreme rigidity, would move from its socket by the slightly preponderating action of one set, so quietly and silently as not to be observed.

"My attention has been called, also, to the subject of the sound or tactile sensation produced in the reduction of this bone, and especially in reference to the medico-legal question, whether those present in the room, and not assisting in the operation, could have heard the reduction, and thus have become more competent to testify to the fact.

"It was upon this point, so material to both parties, that medical gentlemen were not agreed in the case of Bastido vs. the late Professor James Webster.

"I find that in most cases there was a tactile sensation palpable to the operator and his assistants, and not always very easily distinguished from the sensation of audition, while in several cases there was an audible snap, heard distinctly in all parts of the room; but never was the snap audible where anaesthetics or mechanical appliances were used. Under these latter circumstances, a snap or a sudden slipping may occasionally be felt, but never heard."

Dislocations of the Radius.—"I have recorded 13 cases of dislocation of the head of the radius, of which 11 were forwards and 2 backwards. My experience, therefore, does not correspond with the experience of Gibson, Boyer, Chelius, B. Cooper, Guthrie, and others, who have met with the dislocation backwards much more frequently than the dislocation forwards.

"Of the whole number of dislocations, backwards and forwards, of the head of the radius, seven were reduced immediately, or soon after the accident, yet only five remained reduced. One case was relaxed by an attempt, on the part of the father, to straighten the arm, and one case was accompanied with a fracture which would not permit it to remain in place. Those which remained reduced have resulted in useful and nearly perfect arms. Of the eight unreduced, one was reduced after eighteen months, and continued in place; four, I think, were not recognized as dislocations at the time of the accident, although examined by surgeons; two were recognized, but the surgeons failed to accomplish the reduction; the remaining two were reduced, but became again displaced.

"These cases, so unfavorable to our art, since only 6 of 13 are permanently reduced, demonstrate, however, not so much the difficulty of accomplishing the reduction in cases of simple dislocation, as the difficulty of making the diagnosis.

"Surgeons are not agreed as to what is the usual position of the forearm, as to supination or pronation, in the dislocations of the head of the radius.

"I have examined more especially, in reference to this question, the unreduced cases. In three cases of forward luxation, the forearm was found forcibly proned; in one case it was in a condition midway between supination and pronation, and in no case, of either recent or ancient luxation, have I found it supined.

"I found the arm proned, also, in one case of dislocation, backwards.

"I have seen but one dislocation of the lower end of the radius, and this was not complete."

Dislocations of the Radius and Ulna.—"Of the twenty-one dislocations of the radius and ulna, eighteen occurred at their upper ends, seventeen of which were dislocations upwards and backwards.

"Eleven of the upward and backward dislocations were reduced, one of which, however, did not remain in place.

"Of the eight unreduced dislocations, two were treated at first by empirics, and the nature of the accident was not ascertained. Five were examined and treated from the first by intelligent surgeons, who, in two cases, supposed them to be fractures of the lower end of the humerus, and in three cases recognized the dislocations, but were unable to reduce them. Whether in either of these three latter cases the dislocation was complicated with a fracture of the coronoid process, I am unable to say. In another case the coronoid process was probably broken.

"Three dislocations have occurred at the lower ends of these bones, of which one only was complete. This was a compound dislocation, and terminated fatally on the fourteenth day."

Dislocations of the Thumb and Fingers. "Indian Puzzle."—"I shall take the liberty, gentlemen, of calling your attention to a communication which I made in 1847, to the *Buffalo Medical Journal*, entitled, *New Instrument for making Extension in cases of Dislocation of Small Joints*. This instrument was successfully employed in Case 6, of dislocation of the thumb.

"DR. FLINT—Dear Sir: I have in my possession an instrument for making extension in cases of dislocation of small joints, which is, I believe, superior to anything which has ever before been invented or used.

"I scarcely know how to describe it so as to be intelligible, yet it is very simple. It is made by the Indians in this vicinity, and may always be had during the summer at the Indian toy shops at Niagara Falls. The Indians call it a "puzzle," and know no other use for it than to fasten it upon the thumb or finger of some victim, and then pull him about until he begs to be released. The Indians in Maine, I am told, make the same thing also, and for the same purpose.

"The "puzzle" is an elongated cone, of about six or eight inches in length,

made of ash splittings, and braided; the open end of the cone being about three-fourths of an inch in diameter, and the opposite one terminating in a braided cord. When applied to the finger, it is slipped on lightly, forming a cap to the extremity, and half the length of the finger, and upon being drawn upon, fastens itself upon the member with a most unflinching grasp; and, if of proper size, and made of proper material, it becomes the more securely fastened in proportion as the traction is increased; yet, applying itself equally to all the surfaces, it inflicts the least amount of possible pain and injury upon the limb. When you wish to remove it, you have only to cease pulling, and it drops off spontaneously. In reduction of a dislocated thumb, where ordinary service fails, it will be found of invaluable service.'

"I was not aware at this time that any other person had ever suggested a similar application of this toy, but Dr. Holmes, in his report on 'Medical Literature,' to the 'American Medical Association,' in 1847, observes: 'The new instrument for reducing dislocations of small joints, described by Dr. Hamilton, was shown several years since, by one of this committee, to the Boston Society for Medical Improvement. Dr. Gilman Davis, of Portland, brought a number of them to Boston, and suggested the mode of using them since proposed by Dr. Hamilton.'"

Dislocations of the Hip.—"The three recent cases of hip dislocation were reduced by the ordinary methods, namely: by extension and counter-extension, with pulleys. In relation, therefore, to the mode of reducing dislocated hips by manipulation alone, I have no experience, and of its value I do not feel competent to speak in any manner authoritatively. Yet I confess that, notwithstanding occasional reports of reduction by this mode from different sources, I have felt some hesitation in admitting its general applicability; and I have ventured to express the opinion, that at last, after a fair *concours*, it would be found to be of limited application. A paper, however, from the pen of Dr. Thomas M. Markoe, one of the attending surgeons to the New York City Hospital, and contained in the January number of the *New York Journal of Medicine*, for the present year, has very much abated my scepticism, and I am encouraged to hope that this process, when the principles upon which its success is dependent have been more fully determined, will be found, in a majority of cases, both safe and practicable.

"Of the six dislocations recorded by me, only two are now reduced. One case, however, was accompanied with a fracture of the upper margin of the acetabulum; another was not seen by a surgeon, and no attempts at reduction were made until after a long time; another was seen by a surgeon, and the nature of the accident was misunderstood; another was seen the next day, and reduction attempted, but without success.

"The result, therefore, is more favorable for surgery than at first the final summary might seem to indicate, since in only one recent case, uncomplicated with fracture, did the surgeon fail. Whether the distinguished operator in this case, Chelius, of Heidelberg, would have succeeded better by a resort to judicious manipulation alone, I cannot say. The patient assures me that it was not tried."

Dislocations of the Tibia.—"Of the seventeen dislocations of the tibia, the whole number occurred at the lower or distal end. Sixteen were dislocations inwards; the only remaining dislocation being a dislocation forwards. Of the sixteen inward dislocations, seven were complicated with fracture of the fibula, six with fracture of the fibula and malleolus internus, three were compound and complicated with fractures also. Two of the compound dislocations resulted in amputation and recovery; one was not amputated, and the patient died. Of the fourteen dislocations which were complicated with fracture, but not compound, two remain unreduced, and only four are known to have left no permanent deformity.

"No cases of dislocation of the lower end of the tibia outwards are recorded,

since all displacements of the tibia outwards must involve a displacement of the fibula also in the same direction.

"In every instance the dislocation of the tibia inwards has been accompanied with a fracture of either the fibula or of the malleolus internus, or of both. I think, however, I have seen two or three inward dislocations of the tibia without a fracture, but I find no record of such cases, nor does my memory enable me to recall them.

"In classifying dislocations of the ankle, I have adopted the usual nomenclature, and have named all those dislocations in which the tibia projects inwards from the foot, 'inward dislocations of the tibia,' yet I have some doubts as to the propriety of this appellation. This accident seems to me to have been in general rather a lateral rotation of the foot upon the lower articulating surfaces of the tibia and fibula. Of all the ginglymoid joints, the ankle approaches most nearly in form to a ball and socket joint, in consequence especially of the marked prolongations of the malleolus internus and externus. In other ginglymoid articulations, lateral displacements are not unfrequent, but lateral rotation can scarcely by any accident occur. Here, however, the reverse holds true; lateral displacement is difficult, while lateral rotation is comparatively easy of accomplishment.

"The majority of cases which occur, involving a disturbance of the relative position of the ankle-joint surfaces, are, I am satisfied, of this latter character, viz: lateral rotations within the capsule, and other than true dislocations; and although the restoration of the joint surfaces to position is, in general, easily accomplished, yet, in consequence of either a fracture of the fibula or malleolus internus, or of a rupture of the internal lateral ligaments, it will almost always happen that some deformity will remain. The fragments of the fibula will fall inwards towards the tibia, and the foot, unsupported by either its fibula or its internal ligaments, will incline perceptibly outwards. Nor can this be prevented usually by any mechanical contrivance. Indeed, it would be easy to demonstrate, as I have often done to my pupils, that even Dupuytren's splint, usually employed in this accident, must fail of success in a great majority of cases, since the subsequent deformity is due less to the fracture of the fibula and its consequent displacement, than to the loss of the internal ligaments, which loss nature can seldom fully repair. The whole apparatus of the joint has suffered greatly, and its form and functions, therefore, are not likely to be completely restored, whether the fibula has participated in the injury or not.

"If, however, it were true, that a fracture and displacement of the fibula is the sole or essential cause of the subsequent deformity, it would still be found generally impracticable to avoid the maiming; since it would still remain impossible to lift the broken ends from the tibia, against which, or in the direction towards which, they are so prone to fall. Inversion of the foot does not accomplish it, nor have I ever been able to make anything but the most trivial impression upon the upper end of the lower fragment by pressure upon the lower extremity of the fibula.

"I think too much confidence has been placed in the efficiency of 'Dupuytren's splint.' I believe, indeed, that this splint ought generally to be preferred as a means of support and retention, after this accident; but I doubt whether it is able to accomplish more than a moiety of all that its illustrious inventor proposed.

"In two only of all the cases reported, am I quite certain that there was an actual internal displacement of the tibia upon the astragalus; but even in these cases it seems probable that the displacement was not complete, but that a small portion of the articular surface of the tibia continued to rest upon the astragalus. In neither of these instances was reduction ever accomplished. The cause of this failure I am not able to explain.

"If, therefore, we confine ourselves strictly to those cases in which it is

certain that the internal dislocation was complete, there remains only the barren and unfortunate record of the three compound luxations : cases 6, 13, and 16, of which one died and two recovered after amputation."

The extent of the above quotations will reveal to our readers the value we set upon Dr. Hamilton's report. We are sorry that we cannot say as much of the next paper, *On the Needs, Duties, and Privileges of the Medical Profession*, by Dr. John McCall, of Utica. While there may be some "very good things" in the address, it betrays, if we rightly understand it, too great a regard for the philosophy of the school of Auguste Comte and Theodore Parker, and too little reverence for the "young and lovely teacher of morals," to whom the heathen governor put the question, "What is truth?" to suit our taste.

There are a number of other papers in the volume before us, which we would be glad to notice, but we have exhausted both our limits and our time, and must let the above suffice for the present. We are compelled, also, to postpone any further notice of these *Transactions* to our next number.

☞ We have received from the author, *Lermant's Practical Introduction to the German Language*; or, how to Pronounce and Speak German correctly, &c. &c., without the aid of a teacher, in four parts, 12½ cents each part. This seems to be a very plain, simple, and we believe would prove a very useful work to those who wish to acquire the elements of the German language, and who cannot avail themselves of the aid of a teacher. To be had only of H. Hooker, S. W. corner of Chestnut and Eighth Streets, Philadelphia.

☞ That indispensable companion for the practitioner, the *Physician's Visiting List for 1856*, has been issued by the publishers, Lindsay & Blakiston, Philadelphia.

☞ Bedford's *Obstetric Clinic* and other publications, from S. S. and W. Wood, came to hand too late for notice in this number.

EDITORIAL.

RECOMMENDATION AND USE OF QUACK MEDICINES BY PHYSICIANS.

WE have received the following note from a correspondent in Connecticut:—

S. W. BUTLER, M. D.

DEAR SIR: Inclosed I send you a quack advertisement, cut from the columns of a religious newspaper, setting forth the marvellous virtues of "Deshler's Anti-periodic Pills." My object in doing so is to inquire whether Wm. A. Newell, M. D., and A. D. Newell, M. D., of New Brunswick, who certify that they have used these pills in their own practice in "hundreds of cases," and "take pleasure in stating thus publicly their experience of their efficacy," are regular physicians and members of the New Jersey State Medical Society? Or whether their signatures are *forgeries*, as was the name of Prof. Silliman, as vouching for Ayer's Cherry Pectoral?

It is incredible that two physicians occupying the eminent positions, which the Hon. Theodore Frelinghuysen asserts in another certificate that they do, could so far forget what is due to the medical profession, as not only to use a nostrum extensively in their own practice, but to commend it to the favorable notice of the profession!

By so doing, have they not identified themselves with quackery in one of its most insidious and dangerous forms? And can they hope to screen themselves behind the very common dodge, that they "have been made acquainted with the composition" of the nostrum?

It is worse than useless to inveigh against quacks and quackery outside of the profession, so long as such things are tolerated within it.

Please inform us, in your next issue, whether these things be so.

H.

We are much obliged to "H." for calling the attention of the profession to this matter, and for giving us an opportunity to express our sentiments upon it, and upon the general subject of the recommendation and employment of nostrums by medical men. The note of our correspondent is a suggestive one, in the following particulars: *first*, that the advertisement is cut from the columns of a religious newspaper; *second*, that the value of the medicine advertised, as a *certain remedy* in a given disease, is certified to by two physicians who are represented as enjoying the confidence of the public in their own State, to such a degree that there, their statements will receive "universal credit," one of whom is, or has been, a member of one of our District Medical Societies; but, *third*, that to give these physicians character *out* of New Jersey, the name of one of her most honored sons, a man extensively

known and universally respected, is brought forward as a guarantee for the respectability of their standing, and the truth of their statements.

In respect to the admission of quack advertisements into the columns of our religious newspapers, it is humiliating to think that, for the sake of a little gain, our religious periodic literature must be begrimed with the foul-mouthed and blasphemous pretensions of nostrum venders, and that the papers that we put into the hands of our children, that they may cull from them sentiments of religion and virtue, should convey to their minds the false notions, and presumptuous guarantees of unprincipled and mercenary deceivers. It is a question with us whether the circulation of religious newspapers, which admit such advertisements into their columns, ought not to be discouraged by physicians.

Then we have the undeniable fact, heralded forth by almost every newspaper in the land, that two physicians, who are represented as occupying a prominent position in their profession in New Jersey, use, and recommend the public and the medical profession to use, a medicine whose pretensions, we have reason to believe, are, in every sense of the word, *false*. We do not mean to assert that the medicine may not sometimes accomplish the object for which it is recommended, but that it exerts such a "marked, specific, and almost *infallible anti-periodic power*," as to justify two respectable practitioners in testifying that they have "never known a person (in hundreds of cases of fever and ague), to have a second chill after commencing with it," and that it "will cure after all usual remedies have failed," we most positively deny. We live in a malarious section of country, and efforts have been made by advertising, and by appointing an agent, to bring the medicine in question into popular favor among us; but, as we are assured by the agent, with but a measurable degree of success. Moreover, we have been assured by numbers who have used the medicine, that it has not given satisfaction. Further, we believe the statement so prominently set forth that the medicine in question contains no salt of mercury, arsenic, or *quinine*, to be substantially false, and calculated, and, perhaps, intended to convey a false impression, inasmuch as we believe that whatever virtues it may lay claim to, as an anti-periodic, are dependent on *quinoidine*, which, we have reason to believe, is its principal ingredient, and

which, though it may not be "a salt of quinine" (1), is nothing more or less than an imperfectly crystallizable substance obtained by the evaporation of the mother water left after the crystallization of quinia in the preparation of that salt. This substance, strictly speaking, may not be a "salt of quinine" any more than uncrystallizable sugar is a "salt" of the crystallizable!

Our correspondent asks whether the gentlemen, whose names are thus used in recommending a nostrum, are regular physicians, and members of the State Medical Society of New Jersey; or, whether their signatures are forgeries. One of the gentlemen is *not*, we believe, a member of any medical society. He once told us that he was a *dentist* rather than a physician, and we are not aware that he ever made any pretension to anything beyond dentistry, unless it is to surgery. The other gentleman "Hon. Wm. A. Newell, M. D.," is, or was, a member of the District Medical Society for the county of Monmouth, in this State. In the *REPORTER* for January last, we gave him the opportunity of explaining himself in this matter, but he has not seen fit to respond. We take it for granted, therefore, that he is not ashamed of his position. It remains, therefore, for the District Medical Society, for the county of Monmouth, to do its duty, otherwise, we have reason to believe that the subject will be brought up at the next meeting of the State Medical Society.

We are loth to believe that Hon. Theodore Frelinghuysen would willingly indorse any man or set of men, to the extent that "*any representations made by them are worthy of public confidence.*" We *cannot* believe that he set his signature to the note in the advertisement, purporting to have come from him, with a full appreciation of the meaning of the language used, and are not willing, therefore, to hold him fully responsible for the unenviable position in which these advertisements place him.

A few words in regard to the use of quack medicines in practice. We are aware that some physicians of standing in the profession are in the habit of recommending certain nostrums, the ingredients of which they think they know, and which experience has taught them, has, in many, or, perhaps, in most cases, in which they have known them to be used, proved beneficial. This we cannot but regard as wrong. It wrongs four parties: the practitioner himself, his patient, his professional brethren, and the public.

In the practitioner the use of these nostrums encourages idleness, by discouraging research, leading into habits of routine practice, and dependence on specifics. It wrongs the patient by disqualifying the practitioner from an intelligent examination into his case, and the remedies best adapted to it, and by obliging him to use an undeviating formula which may be wholly unadapted to his case, nay, positively injurious to him. It wrongs his professional brethren by the antagonism of opinion that is developed, leading to a misconception of the motive which actuates the practitioner who forbids the use of nostrums. We have been mortified and embarrassed when patients have been absent for a short time, to find them, on their return, using notorious quack remedies, recommended to them by men of undoubted standing in the profession. Lastly, the public is deeply wronged in the recommendation of nostrums by medical men, in the encouragement of the most stupendous system of fraud and gigantic swindling that obtains at the present day. In this connection we copy below an editorial article from the *New York Daily Times*, only premising that the number from which we copy contains more than a column of quack advertisements (an unusually small amount), and that the same paper has, on more occasions than one, occupied nearly or quite a *whole page* with the advertisement of a single quack, to the exclusion of news of interest and importance to its readers. We mention this that our readers may the more fully appreciate the *morceau* which follows:—

QUACKS AND QUACKERY.

What a vast increase of the quackery business there has been in New York during the last two years! Quacks have multiplied; there are no manufactories more numerous in our city now than those of patent medicines. There is no end of "wonderful catholicons," "celebrated cordials," "renowned vermifuges," "infallible syrups," "extraordinary ointments," &c. &c. There are pills and plasters, boluses and blisters, lotions and liniments, without number; all manufactured by the bushel, and each capable of curing all the diseases that flesh is heir to. All the patient has to trouble himself about is to see that the name or initials of the original manufacturer is only labelled on the nostrum he chooses; then let his ailment be what it may—no matter how chronic or complicated—he has only to buy bottles enough, or boxes, and use them "as directed," to become in a short time as well as ever, if not a great deal better than if he had never been sick at all. In short, it matters not whether you have the diarrhoea, or the mumps, whether your wife has too much unemployed time on her hands, or you are afflicted with bunions, toothache, or colic, apply to any one of the numerous fraternity of quacks or their "recognized agents," and a perfect and everlasting cure will be guaranteed to you "on the most reasonable terms."

It is curious to observe—and it should encourage all to keep trying—how many, after having failed at some half dozen or other callings (such as those of tailor, cobbler, hack driver, &c. &c.), become renowned as quack doctors. True, this quack has, not unfrequently, so much of the modesty of genius, that, content with receiving their profits himself, he is willing to let others enjoy the honor of his wonderful specifics. For example, we know an ex-city father who is the inventor of certain pills, and of a species of ointment which nothing but death has ever been known to fail, and who, while he manufactures the pills in bushels and the ointment in barrels, is at the same time engaged in divers other sorts of business and speculations; and although he makes far more of the pills and ointment than all his other “operations” put together, he would not for the world have it known that he is a manufacturer of patent medicines.

There are scores of others among us like our friend the ex-municipal father. And no wonder that they are ashamed of their calling when they have any shame left; for, in sooth, they could scarcely be engaged in a more dishonest or pernicious business. It is really worse than that of the Peter Funks, who sell the brass watch for the gold one. The victims of the latter are merely defrauded of their money, while those of the former are defrauded of their money and health. They are a pest and a nuisance.

SHALL THE REPORTER BE CHANGED TO A WEEKLY?

One of our New York contemporaries has announced that the *REPORTER* is to be changed to a weekly. We trust that the wish in this instance was father to the thought. Such an announcement has not been authorized, though it is true that we have thought of it, and sought counsel on the subject, of some of our professional brethren. As the matter has become public, it may not be amiss to canvass it a little, for such a change will involve too much labor and expense to be undertaken without “counting the cost.”

It was no seeking of ours that placed us in an editorial chair. We would have shrunk instinctively from it had not circumstances over which we had no control compelled us to become connected with the *REPORTER* five years ago; first as publisher, then as assistant editor and publisher, and, finally, as sole editor, publisher, and proprietor. In these various capacities we have labored hard, often amid many and grievous discouragements, to do our duty in the responsible position in which we were placed, our labors frequently, as now, extending into the “we sma’ hours ayant the twal;” for we believe we have fully appreciated the responsibility of our position, and only regretted our lack of ability and *MEANS* to conduct the *REPORTER* as we felt that a medical journal ought to be conducted. However, we have “done what we could,” and our labors have met with an encouragement that we scarce dared

to expect, as manifested in an increased subscription list, in flattering assurances on the part of correspondents that we are accomplishing a good work, in a full supply of original matter, and in the good-will of our brethren of the press, both professional and otherwise.

Still, the encouragement we have received, has fallen very far short of a proper remuneration for our expenditure and toil, and we feel that the time has arrived for us either to enlarge the sphere of our labors, or hand over the editorial tripod to some one who is willing to commence where we leave off, and carry on the work. If the energy that we have expended on the *REPORTER* had been thrown into some mercantile, mechanical, or agricultural pursuit, we feel confident that it would by this time have been yielding us a fair return.

Now, with a large and rapidly increasing practice, the question of a continuance of our editorial labors becomes one of more serious import than ever. Some anxious friends have desired our unconditional withdrawal from these labors and responsibilities; but, with our present views of our obligations to subscribers and the profession, and the present condition and future prospects of the *REPORTER*, this is no easy matter. As, however, our enterprise has, after all, to be measured by the standard of dollars and cents, we can only think of going forward at all, while it increases in money value. This it has been steadily doing for five years, in spite of a downward tendency before that time; yet we have arrived at a point where it will not do for us to rest satisfied with a mere advance, and our work must be decidedly remunerative to warrant us in continuing to expend our energies upon it. How best to make it so is the question.

We occupy a position, geographically, between the two largest cities of the Union, in neither of which there is a weekly medical journal. The best sustained medical periodical in the country, we have reason to believe, is the *Boston Medical and Surgical Journal*, a weekly, which, if we remember rightly, began its career as a weekly, with but a single Boston name, although the city was thoroughly canvassed. Should we change the *REPORTER* to a weekly, we have already a respectable, not to say large list of subscribers, and we flatter ourselves a name which will be a great help to us in any attempt we may make to increase our subscrip-

tion list. We have a good corps of collaborators scattered over the country, and believe that, with a little pains-taking, we could add to our list. And last, but not least, we believe we could command the united good-will of the medical press of the country, should we conclude on such an undertaking.

Of the details of the plan we cannot now speak, but would, of course, use our best endeavors to make the "WEEKLY MEDICAL AND SURGICAL REPORTER" a necessity to the profession, representing as far as possible the whole Union, but more particularly that portion of it comprised in the Middle States, including the two great cities, New York and Philadelphia.

This, as yet, is a matter of thought and speculation, and of conference with our professional brethren and friends; and we hope that they will be free in the expression of their opinions, as these shall be duly weighed in making up our mind. With the assurance that our present list of subscribers would be *doubled* to commence with, we think that we would feel willing to make the change. What say our friends? Shall this be done? *Will they send us names of subscribers enough to warrant us in establishing a WEEKLY MEDICAL JOURNAL?*

THE RECENT RAILWAY ACCIDENT.

It is our purpose to prepare, we hope, in season for the November number, a full medical and surgical history of the terrible calamity which occurred on the railway on the 29th of August last, within the limits of this city, and by which twenty-four lives were lost, and seventy or more were wounded. Few opportunities are offered for so much experience in railway surgery as was the result of this calamity, and we think its history should be fully recorded. In doing this, we shall, of course, depend, in great measure, on the assistance of the various physicians and surgeons of this city, and from abroad, who had anything to do with the wounded; and, we trust, that they will promptly respond to this call for aid in our undertaking.

SANITARY INSTITUTIONS AGAIN.

In our last number we had some remarks on the subject of sanitary institutions, expressing the hope that they would receive the attention from the profession that their importance demands.

We are glad to find that the *Medical Examiner* for September also contained an article, which we copy below, on the same subject, and to learn from it that our friend, Dr. N. D. Benedict, has opened such an institution for the treatment of consumptives at Magnolia, Florida.

There is no class of invalids who require the comforts, conveniences, and even the luxuries of life more than those threatened with consumption; and yet it oftentimes has happened to those who have sought the equable temperature of Florida during the winter and spring months, to be so seriously inconvenienced for the want of the proper accommodation, adapted to their condition, that the benefits they had hoped to derive by wintering in the south were much diminished.

We are glad to learn that an establishment will soon go into operation to which those suffering from such affections may resort with every confidence, both in regard to its hygienic management and the medical skill of its attending physician.

This *Sanitarium* for affections of the throat and lungs is to be under the care of Dr. N. D. Benedict, late Superintendent of the New York State Lunatic Asylum.

It is located at Magnolia, East Florida, on the river St. Johns, between Jacksonville and St. Augustine, at a distance of about twenty miles from the seaboard. It is one day's journey, by steamboat, from Savannah and Charleston, and four days, by steamer, from New York and Philadelphia, *via* Charleston or Savannah.

The climate of East Florida is probably better adapted, as a winter residence, for invalids with delicate lungs, than any other part of the United States. The mean temperature of the winter months is about 60°; frost is rarely seen, and the little rain that falls is rapidly absorbed by a dry, sandy soil, shaded by pine forests.

After much observation and deliberation, the above site was chosen, believing it to possess as many, if not more, advantages than any other location in the country.

The house, which is commodious, having large, airy chambers, and in every respect well constructed for the purpose, will be opened in November next for the reception of invalids, who may or may not be accompanied by their friends.

We have known Dr. Benedict for many years, and can bear warm testimony, from personal experience, to his skill as a physician, and his warm-heartedness as a man. More particular information may be obtained by addressing him at Philadelphia.

YELLOW FEVER.

Our readers have learned, through the newspaper press, of the terrible ravages of the yellow fever in Norfolk and Portsmouth, Va. Enough has not yet transpired to enable us to give a full history of the epidemic and its ravages. It seems to have had its origin as follows:* On the 7th of June, the steamer "Ben Franklin" arrived in Hampton Roads from the Island of St. Thomas, -

* For many of the following facts we are indebted to a graphic editorial in the September number of the *Virginia Medical and Surgical Journal*.

where the yellow fever prevailed at the time of its departure. There being, however, no fever on board the "Ben Franklin" a quarantine of only twelve days was imposed upon her; at the expiration of which time she hauled up to a shipyard immediately adjoining the government navy yard at Gosport. About the 5th of July, in violation of express orders, the captain proceeded to unload his vessel, and in less than two days one of the crew was taken down with yellow fever. The next day six more of the crew were seized. In fact, the hold of the vessel proved to be a very Pandora's box to the unfortunate inhabitants, and the disease immediately spread through the whole neighborhood. The operatives in the navy yard were attacked with such virulence that labor had to be suspended, and the unfortunate workmen had to fly in every direction, some of them carrying the seeds of the disease with them, and all of them the brand of Cain in their foreheads wherever it was known that they were fugitives from Gosport.*

The city of Portsmouth is next invaded, and, on the 25th of July, a fugitive from the infected district reaches Norfolk, and plants the seeds of the disease in the heart of that city, and from this time the pestilence rages in both cities. By the census of 1850, the population of Norfolk was stated to be 14,329, and that of Portsmouth was less than 10,000. As a great proportion of the inhabitants of both cities fled, it is impossible to estimate the percentage of sickness and mortality. A telegraphic report, dated September 28, estimates the population of Portsmouth, at that time, at 2,200, of whom 2,000 were either still sick or convalescing. The disease seems to have reached its height by the 25th of September, having raged fearfully in both cities from the 18th to the 25th.

The greatest mortality that we have seen reported reached about fifty in Norfolk, and thirty in Portsmouth, in a day. The total mortality in the two cities, up to the 1st of October, must reach as high as 2,000 for Norfolk, and 1,000 for Portsmouth.

It will aid in forming an estimate of the mortality, to state that if an epidemic were to prevail in the city of New York, in which the mortality should be in the same ratio that it has been in

* It is understood that orders were issued *not to employ* the operatives from the Gosport Navy Yard in any of the other government navy yards.

Norfolk, the number of deaths would reach as high as 10,000 a day!

Among the dead are numbered not less, we think, than thirty physicians. Seven are reported to have died on one day, and five on another. Among them we observe the names of Dr. Geo. L. Upshur, of Norfolk, and Dr. P. C. Gooch, of Richmond, formerly editor of the *Stethoscope*. Members of our profession have nobly gone, from every direction, to the rescue of the sufferers in the afflicted cities. We observe that the mortality has fallen most heavily on those who have gone from northern cities; so much so, that the authorities were compelled to discountenance any more coming, as they only furnished fresh victims to the fell destroyer.

This epidemic furnishes a fresh bone of contention for the contagionists and non-contagionists. On the one hand, it will be argued that here is indubitable proof that yellow fever was *imported* into Portsmouth first, and from thence carried into Norfolk; while, on the other, it will be replied that the disease was imported again and again into New York, and carried from Norfolk and Portsmouth to Baltimore, Richmond, and numerous other places without becoming epidemic. In this, as in most other questions, the truth most probably lies between the extremes.

If we can procure the material, we shall take occasion to inform our readers more particularly of the results of this severe epidemic.

The yellow fever has prevailed somewhat, though in a modified form, in New Orleans; but in other parts of Louisiana and in Mississippi it has appeared in its worst form. The probability is that the disease will soon be arrested by the autumnal frosts. Whether it will be likely to appear in some of our northern cities the coming year is a matter of speculation that we are not prepared to enter into at present.

MISCELLANY.

 The extraordinary labor thrown upon us by the railway catastrophe of the 29th of August, made us late in mailing the September number, and interfered with our work upon the present number, which makes it late in its appearance.

We perceive that a new Medical College has been started in Keokuk, Iowa, with a full corps of seven professors.

Dr. Joseph Parrish, former editor of this journal, is now traveling in Europe for the benefit of his health. It had been much benefited by spending the last winter in Alabama.

We have received the circular of a Veterinary School, which has recently been started in Boston; a much needed institution if properly conducted. We have heard it remarked that if an intelligent veterinary surgeon should establish himself in the county seat of this county, he would make more money than all the physicians in the county together!

The Emperor of the French has conferred the cross of officer of the legion of honor on M. St. Clare Deville, and that of simple member on M. Vohler, for their discovery of the new metal aluminium.

ECLECTIC AND SUMMARY DEPARTMENT.

Glycerine in Tuberculosis. By J. L. CRAWCOOR, M. D., New Orleans. —In a communication which appeared in the January number of this Journal,* I stated that I had found glycerine not only a safe, but a most useful remedy in many cases of disease. I now purpose to examine more in detail the grounds for its adoption in tuberculosis. Hitherto, the sheet-anchor of the profession has been cod-liver oil, and although this in many instances has proved an invaluable agent, still in many other cases it has disappointed our expectations, and on many we have been deterred from its use by the invincible repugnance of the patient, by the nausea it frequently induces, and by the extreme difficulty with which it is sometimes assimilated. In no disease is dyspepsia so formidable a complication as in phthisis, and in no other disease do we find so much difficulty in restoring the digestive organs to a healthy condition. It becomes, therefore, a matter of great importance to the practitioner, to find some agent which, while it possesses the remedial virtues undoubtedly existing in cod-liver oil, should at the same time be free from the objections militating against its use. Modern chemistry, among many of the boons it has presented to medicine, has shown us that in a few grains of the alkaloid quinia, may reside the powers of an ounce of bark; that in a minute atom of atropine may be present all the useful properties of a comparative large dose of belladonna, and it is probable that a similar course of investigation may demonstrate to us, in what really consists the superiority of cod-liver oil as a medicament to other oils. That it is not solely as an oil that it exerts its influence, is evinced by the fact that other oils, as oils, will not produce the same effect, and that it is not to its combination with iodine, a bile constituent, that its power is due, is proved by the fact of these agents failing to produce the specific therapeutic action of cod-liver oil, even when combined with fatty substances. But there is one constituent which, though common to all oils, yet exists in such large quantities in cod-liver oil, as at once to direct our attention to it. I allude to glycerine, the base of all animal fats, and which is not only present in a greater excess in cod-liver oil than in most other oils, but is found in a larger proportion in that variety of oil which modern experience has pronounced to be the most easily assimilated, and the most efficacious—I mean the pale oil.

The following are the proportions of glycerine in 100 parts of cod-liver oil :—

100 parts of brown cod-liver oil, contained	9.111 of glycerine.
“ light brown, ...	9.073 “
“ pale do.	10.117 “

this latter variety showing a marked increase in the quantity of this constituent.

* See April No. of the REPORTER, p. 224.

It may be stated, as a rule, that the more nearly a substance resembles the organism into which it is to be introduced, the more easily will it be assimilated, and the more easily will it supply the wants of that organism. Now, glycerine forms the basis of all the fats of the human body, and lactic acid is found in all the juices of the body. If we examine the analyses of these two substances, we shall be struck by a curious chemical coincidence. Lactic acid is composed of C_3, H_5, O_4 . Glycerine of C_3, H_7, O_3 ; or, may be hypothetically stated to be lactic acid, by 2 equivalents of hydrogen. Grape sugar, sugar of milk and starch, severally consists of C_{12}, H_{18}, O_{12} , or 2 equivalents of lactic acid, or of 2 equivalents of glycerine, minus 2 equivalents of hydrogen, and are all converted into lactic acid, before they can be used for the economy. Now, lactic acid is decomposed by the respiratory process, and according to Dr. Carpenter, may supply a pabulum for the combus-tive process, and thus contribute to the maintenance of the heat of the body. If lactic acid supplies this indication, glycerine which contains two atoms of hydrogen to spare, and which it readily yields up, must act more efficaciously; and as one of the sources of lactic acid to the system (besides the transformation of starch and saccharine food), is due to the destruction and metamorphoses of muscular tissue, we may account for the wasting in phthisis, and for the remarkable benefit seen so early after the use of cod-liver oil, without supposing that the power is due solely to the absorption of the fatty materials of the body, or that the latter is due solely to the assimilation of the carbonaceous material of the oil.

In pulmonary disease, one object of treatment is to exhibit an agent on which the oxygen of the air may act, instead of upon the tissues of the patient, and to fulfil this indication, we select from the unazotized, or combustible class of food, and probably, except with regard to readiness, and ease of assimilation, it makes very little difference which we choose, whether starch, sugar, fat, or alcohol: but as in this disease, the assimilative powers are highly impaired, it becomes the great desideratum to exhibit that which shall, *ceteris paribus*, give the least work to the digestive organs, be the most readily absorbed, and contain the largest amount of necessary material in the least bulk. Looking to this view of the case, Dr. Turnbull, of London, recommends the sugar of milk, and for the following reasons:—

“It appeared to me,” says Dr. Turnbull, “that as the functions of the lungs are more or less impeded in all pulmonary diseases, and as cod-liver oil has been found so beneficial in consumption, advantage would be gained by selecting from the non-azotized class of alimentary substances, such of them as would have the greatest tendency to unite readily with the oxygen absorbed at the lungs, and thus, in the disabled condition of these organs, to facilitate the performance of their functions. I was thus led to inquire which of the combustible class of alimentary articles are more readily digested, and have the greatest affinity for oxygen. Sugar of milk possesses these properties in a high degree, and whey, which consists almost entirely of sugar of milk, has long been found useful in consumptive cases.”

For these reasons, Dr. Turnbull suggests the employment of sugar of milk in consumption. Now, if these views are sound, and these

remedies should be found useful in disease, certainly for similar reasons, glycerine should occupy a prominent position, especially when we take into consideration the fact of its possessing two atoms of highly combustible material, viz : hydrogen, over and above that portion of its constitution which is isomeric with lactic acid and sugar. That it is not to the preponderance of carbon only, that many remedies used in consumption owe their efficacy, is proved by several experiments instituted by Dr. Theophilus Thompson, of the Hospital of Consumption, London. This distinguished physician, in his experiments on the therapeutic effects of various oils, arrived at the following results : He found that olive and almond oils, unless combined with phosphorus, produced negative results ; the oil of the sunflower seed, which contains a very large amount of carbon, was equally unsatisfactory ; but from cocoa-nut oil he obtained results equally favorable with those obtained by the use of cod-liver oil, and the increase in the amount of red corpuscles was equal under the use of either oil.

The oil employed was a pure cocoa oleine, obtained by pressure from the crude cocoa-nut oil, refined by being treated with an alkali, and then repeatedly washed with distilled water. It burns with a faint blue flame, showing a *comparatively small proportion of carbon*, and is undrying. Now, if we compare these several oils, what do we find ? Cod-liver oil, a highly complex substance, and active in its therapeutic effects ; sun-flower oil, containing a large excess of carbon, inactive ; olive, and almond oils, simple in their constitution, and containing a moderate quantity of carbon, comparatively inert ; while cocoa oleine, equally simple in constitution, and equally moderate in carbonaceous elements, rivals, in therapeutic activity, the complex cod-liver oil. The following are the proportions of carbon these oils contain : cod-liver oil, 80.18 equivalents ; cocoa oleine, 69.62 ; olive, and almond oils, 69.38. The amount of benefit derived is out of all proportion to the carbon contained, for if it were not so, butter and lard would be equally beneficial with cod-liver and cocoa oil ; but, though to a certain extent, all oleaginous substances are useful, still some seem to act more efficaciously than others, and possibly this may depend upon the ease with which they are assimilated, and the rapidity with which they may be taken up by the system. Now, glycerine is so simple in its constitution, so miscible with all fluids, so homogeneous with the system itself, that it is highly probable that, like other fluids, it may at once be taken up, and conveyed in the torrent of the blood throughout the whole system, and supply the want of oleaginous material required, and that without fatiguing the already debilitated digestive organs. Its low specific gravity 1.28, not much above that of blood 1.056, favors this assumption.

On examining more closely into the cocoa oleine mentioned by Dr. Thompson, I think we shall come to the conclusion that its efficacy above other oils does really depend upon the large amount of glycerine it contains, for although we have no qualitative analysis of it, yet its physical properties so closely resemble those of glycerine as to warrant us in this assumption. In the first place, its mode of preparation, viz : the purification by means of an alkali—in other words, its incomplete saponification—would tend to remove a large amount of the fatty acids,

and leave the glycerine comparatively free ; and secondly, its mode of combustion is not that of an oil, but exactly corresponds with what we observe when glycerine is ignited, for this also burns with a pale blue flame. I am disposed to believe, therefore, that, as in the Peruvian bark, its efficacy depends upon the quinine it contains, and, as in the old-fashioned remedy, the *spongia usta*, its remedial virtues were due to the iodine, its constituent ; so in cod-liver oil and cocoa oleine, the active principle may be said to reside chiefly in the glycerine they contain. If this be so, the advantages that glycerine possesses over both these remedies, to agreeableness of taste, in case of assimilation, and above all, in the property it possesses of entering into combination with almost every article in the *materia medica*, excepting ether, must warrant its adoption in their place, where, as in phthisis, a remedy has to be continued for months, and perhaps for years, it becomes almost an absolute necessity that it should be as little repugnant to the patient as possible, and if, of two remedies, both possessing equal claims to attention, one has the superiority in the article of taste, it becomes our duty to employ it. With regard to the exact mode in which these substances act, little is known with certainty ; they certainly do not act exclusively in the way of nutriment, but in the words of Dr. Thompson, "they seem to modify the condition of the granules which enrich the blood, and to dispose them to the calm progression of change, by which they are made to contribute to the production of healthy structure."

I mentioned in my former paper, I had found that phosphorus was to a certain extent soluble in boiling glycerine, and that the solution was nearly tasteless, and miscible with water or other liquids. This, I think, is a circumstance well worthy of attention, as although phosphorus has often been required as a remedy, the difficulty of administering it has hitherto been so great, as almost to banish it from the *materia medica*. In phthisis it has been strongly recommended, so much so, indeed, that many are still disposed to consider that the remedial power of cod-liver oil consists in the amount of this substance it contains, and it has certainly been found efficacious in the disease ; when we consider that the blood in health, as demonstrated by Dr. G. O. Rees, contains a phosphorized fat, which, according to his theory, when exposed to air in the lungs, absorbs oxygen, and is converted into phosphoric acid, and this becomes a source of heat, one shall be at no loss to conceive why it should prove, in many instances, so valuable a remedy, especially when we recollect that this excess of phosphorus is chiefly found in the red corpuscles, which become remarkably diminished during the progress of phthisis ; this gives us further evidence of the necessity of supplying this element, and I therefore suggest the employment of the glycerole of phosphorus, in combination with glycerine as an efficient and agreeable substitute for cod-liver oil in phthisis.—*N. O. Med. News & Hosp. Gazette.*

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No. 11.

ART. I.—*A few Observations on Intermittent Fever, and some of the Difficulties encountered in its Treatment.* By the EDITOR.

FOR the past three years, intermittent fevers have been more than usually prevalent in this section, and, indeed, throughout the Middle States of the Union. We hear of it among the highlands of New York and Pennsylvania, in regions where it has not been known to prevail, certainly for many years; and even in the cities of New York and Philadelphia, where it is generally supposed that other noxious effluvia reign supreme, to the utter exclusion of malaria, intermittents have become domiciliated, and our city cousins frequently treat themselves to the luxury of a "shake."

It is a fact worthy of notice, that about twenty-five years ago, there was also a general prevalence of fever and ague for two or three years, suggesting the inquiry whether the periodic influence may not extend to cycles of years, as well as to annual, monthly, weekly, daily, or hourly returns.

In the intermittents of 1853, there was nothing unusual, except their greater frequency. The cold, hot, and sweating stages were generally well marked, the types having been usually the tertian and quotidian, with a liability to return in one, two, or three weeks—generally the latter. For an account of the disease as it occurred in 1854, the writer would quote the following judicious remarks furnished by A. W. Rogers, M. D., of Paterson, in this State, for the report on epidemics to the American Medical Association, which met the present year in Philadelphia.

"The season was very wet in the spring, very dry in summer,

and moderately dry in autumn. Intermittents began to be epidemic early in the spring, many cases occurring in April—some of them new subjects. In May and June they were very prevalent, and so continued through the summer and autumn—August and September being the months in which the disease was most severe and wide spread. The disease spread further from the streams and marshy places than in former years, though it was generally much worse in those localities. Some families who had suffered much from it during three or four years before the last, were almost exempt the past year; while strangers in the same neighborhood suffered much.

“The degree of nervous and vascular affection of the head was greater the past than in former seasons. Children often had with the paroxysm of the fever severe convulsions, sometimes long continued; and, in a few cases, adults were similarly affected. The convulsion usually appeared at the onset of the febrile stage, and generally lasted but a short time; but a good deal of stupor followed it, which continued till the intermission was established. In these cases, the premonitory symptoms and the chill were often very slight, and the nature of the case was only diagnosed by the absence of any other known exciting cause, and the knowledge of the disease often operating in this way.

“An eruption, in the form of erythema or urticaria was also a common accompaniment in intermittent fever. Sometimes it extended over the whole body, and was attended with severe burning and itching, and though it usually appeared suddenly during the paroxysm, and disappeared with it, it sometimes lasted several days. It occurred in those who had taken no medicine, and could not be considered in any other light than as an attendant on the fever. The cases of quotidian and tertian were about equal; quartan was very rare. The quotidian often appeared at a different hour every other day, thus forming a double tertian.

“Some degree of cough, or pains in the side or the abdomen were common during the paroxysm. The pain in the head was often of a neuralgic character.”

Intermittents began to prevail as early as April and May the present season, the first cases being in persons who had had the disease the preceding autumn, its course having been suspended during the winter months. The disease has been marked by

some peculiarities the present season, such as a still more marked disturbance of the sensorium, and a disposition to a lengthening of the febrile stage, often giving the patient the idea that the chills had taken on the form of "bilious" fever.

The following remarks of Dr. Rogers give a good idea of the irritation of the brain accompanying some of the cases: "Several cases of intermittent fever were succeeded by disease of the brain, supposed to be meningitis. Two of these occurred in boys at the ages of thirteen and fourteen years. Both of these had occasional attacks of fever, which were treated in the usual manner, and seemed to recover, but continued to suffer more or less headache the most of the time for several weeks, till fever returned, when the paroxysms were accompanied with more than the usual distress in the head, and this distress so continued in the intermission as to call attention to it as something more than the transient effect of fever. The attention was now directed, in the treatment, entirely to the relief of the head—purging, leeching, cupping, and blister to the nuchæ, were diligently used, but without avail; the disease kept steadily on its course, all the symptoms of acute hydrocephalus occurring in their order till death closed the scene. In a few out of a large number of cases of convulsions in children, they ended in death; the brain not recovering from the first shock of the disease."

The course of the disease for the past three years, leads the writer to suppose that by another year pure intermittents will be less prevalent, while they will be replaced by continued fevers of a type involving the sensorium. These forms of fever have not been as prevalent in this immediate vicinity the past two or three years as formerly.

With the intelligent practitioner the treatment of intermittent fever, when he has absolute control of the patient, is simple, and generally satisfactory. But, unfortunately, he has many prejudices and preferences to encounter at almost every step—to say nothing of the carelessness of patients on the days of intermission, when, feeling "as well as ever," they indulge in the use of unsuitable food, and expose themselves to changes of temperature, to the damp morning and evening air, and to the *sultry rays of a mid-day sun*. Patients are apt to neglect calling on their physician in cases of chills, until the bodily functions are so deranged as to

very much complicate the case. This state of things is, at the same time, much increased by the improper use of drugs and domestic remedies for chills, together with the multitudinous advertised chill medicines of the hour. There is, in the minds of many persons, a dread of calling on a physician, on account of a "fearful looking for" the dreadful effects following the use of mercury and quinine. It is not that these remedies, if used, ordinarily do harm, for we believe that harm *very rarely* results from their use, and that the constitutions of ten persons are injured by neglecting to avail themselves seasonably of medical advice *for fear* of the supposed deleterious effects of these remedies, where one is injured by their abuse. Irregular practitioners, and those interested in the manufacture and *sale* of chill remedies, do everything in their power to foster these popular prejudices; which, indeed, have in many instances been created by them. Any one capable of tracing the relation between cause and effect, can easily see that the community is greatly the loser by these unfortunate prejudices, and that those who foster them make themselves responsible for the loss of the lives and health of many of their fellow creatures. To the practitioner it is really amusing to hear patients tell of the large quantities of "barks" that they have been taking that they might avoid the deleterious effects of quinine; and still more amusing to know that persons whose abiding faith in homœopathy,

——— "Like patience on a monument,
Smiling at grief,"

is tremblingly, quiveringly, sadly constant, are yet bravely, though blindly, using blue pills and quinine to break up chills, at the same time that their homœopathic doctor is amusing them with his remedies, with the empty promise of "rooting out the *cause* of the disease."

We have before said that the treatment of intermittent fever is simple, and ordinarily satisfactory. Dr. Rogers says: "Quinia was the principal remedy used, and we do not know of any cases that did not yield to it. Opium or morphia was often combined with it to allay the irritability of the stomach and bowels. Fifteen grains were generally found sufficient to cut short a tertian, after a small dose of blue pill, gray powder, or calomel. We did not think that the cure was expedited, or the return of the dis-

case put further off, by vomiting or purging the patient much. We found the quinia best tolerated and most effective, when given in doses of a grain or so every hour or two of the intermission. Large doses created great disturbance and pain in the stomach and bowels, and distress in the head for several days. Chinoidine was found less efficacious in cutting short the disease, but appeared in some cases to be better tolerated as a tonic and preventive than quinia. Cinchonina, from its less bitter taste, often answered a good purpose for children, but was much less to be relied on than quinia."

For our own part, we encounter a case of chills and fever with the greatest confidence, provided we feel assured that it is *under our own control*, and the surrounding circumstances are not such as to forbid the possibility of recovery. If the bowels are in a torpid condition, the tongue furred, or a bitter or metallic taste in the mouth, a dose of magnesia, rhubarb (or both), or a mercurial cathartic is ordered, to commence with, and the following, or some modification of it, given during the intermission:—

R.—Quiniæ sulph.	.	.	.	gr. xv.
Morph. sulph.	.	.	.	gr. j.
Ext. piperis fluid.	.	.	.	gtt. vij.
Acid. sulph. arom.	.	.	.	q. s.

M. et in pil. No. xv. div.

Of these pills one is given every hour in quotidians, and one every two hours in tertians and quartans. In obstinate cases, where there is constipation or a foul tongue, a little compound extract of colocynth, or blue mass, or calomel, may be added to the pills. We very seldom give quinia without the addition of a stimulant, and the fluid extract of black pepper (the "oil of black pepper") is found to be a very convenient form to put into pills. We find that by its use the quinia is less likely to disturb the brain, while its efficacy seems to be increased. If preferred, capicum may be used instead of the extract of black pepper. The aromatic sulphuric acid is used for the purpose of reducing the size of the pills, as, by its careful use, a grain of quinia can be reduced to a very small bulk.

Where there is a disposition to a return of the chill, we find that the period of return is in the order of frequency, on the twenty-first, fourteenth, or seventh day. An intelligent patient

can usually tell by his feelings, a few days beforehand, whether there is danger of a return, and guard against it by a resort to the above pills on the nineteenth, twelfth, or fifth day, taking them every three, four, or five hours, until the critical period is passed. Very often a cathartic is needed in addition. If a cheaper preventive than quinia is desired, gentian, columbo, boneset (*eupatorium perfoliatum*), or Huxham's tincture of bark, may be used; but they are less to be relied on. Or, some of the proposed substitutes for quinia may be used, such as cinchonine, bebeerine, chinoidine, &c. The following formula has been recommended:—

R.—Chinoidine gr. xxiv.
 Ext. colocynth. co. . . . gr. iij.
 Ext. piperis fluid. . . . gtt. iij.

M. et in pil. No. xij div. One every two, three, or four hours.

As to any of the above-named remedies taking the place of quinia in the primary treatment of chills, we have never yet been convinced either of their utility or cheapness, and never use them.

BURLINGTON, Oct. 1855.

ART. II.—*Curious Case of Neuralgia, accompanied by Acute Laryngitis.* By the EDITOR.

MRS. M., æt. about fifty, nervous temperament, small stature, was attacked March 31, 1851, with severe neuralgic pain in the rim of the left ear. No other symptom of disease. The following day the pain was very much increased, and she was obliged to lie in one position, with the head elevated—the slightest movement causing excruciating torture. This continued for about three days, during which time the seat of pain was gradually changed, first to the lobe of the ear, then to the surface in the region of the angle of the jaw, whence it soon transferred itself internally to the fauces. About this time—the fourth day—the left tonsil became much inflamed and enlarged, and finally suppurated. The back part of the fauces was then attacked with severe inflammation, which extended itself into the larynx, causing con-

siderable spasm of the glottis, giving the voice a decided croupy sound. The laryngeal inflammation, which was combated by a blister to the throat, was very troublesome for two or three days. From the larynx the inflammation gradually returned to the fauces, where it continued for a day or two longer, when it left the inside of the throat, and the surface occupied by the blister took on unhealthy inflammation, became dark, shining, and very painful. As this improved in appearance, the *right* ear became painful, suppurated, and discharged from the meatus. This was accompanied by neuralgic pain in the rim and lobe of the ear. The blistered surface was more than a week in healing. The treatment was chiefly alterative in its character. As an application to relieve the neuralgic pain, an ointment of aconitina was used.

BURLINGTON, Oct., 1855.

CORRESPONDENCE.

ART. III.—*“Recommendation and Use of Quack Medicines by Physicians.”*

CINCINNATI, OHIO, October 18, 1855.

DR. S. W. BUTLER—

Dear Sir: I am much gratified with your remarks on Quackery, in the October No. of your REPORTER. What inducements a regular physician can have to indorse any form of pill-quackery, it is difficult to conceive.

In justice to scientific medicine, every advocate of nostrums who belongs to a regular medical society, ought to be publicly excluded from the association, and placed before the community in the company which he has chosen.

It is to be deeply regretted that learned and distinguished men in the other professions, should so far abandon the principles which they insist upon in their own pursuits, as to encourage ignorance and imposture in the medical profession.

With regard to the support given by religious newspapers to quackeries in medicine, I will just say that, for a number of years, I have refused to take any religious or temperance paper which contains the advertisements of medical quacks.

Yours truly,
R. D. MUSSEY,

—, Oct. 20, 1855.

S. W. BUTLER, M.D.—

Dear Sir: In your remarks on the subject of "Recommendation and Use of Quack Medicines by Physicians," in your last No., I was sorry to see that your statements in regard to the physicians spoken of, were calculated to leave a wrong impression with those who do not reside in their vicinity. You say "one of the gentlemen is *not*, we believe, a member of any medical society." The Society for the district in which he lives, I am sorry to say, is at this time not in existence; but during the time it was in operation, Dr. A. D. Newell was an active member thereof. You also say that he once told you that he was "a dentist rather than physician." You certainly must have misunderstood him. He, sir, is a graduate of the University of Pennsylvania, and was extensively engaged in the practice of medicine for sixteen years, and enjoyed, to an enviable degree, the confidence of the community. He, at this time, has relinquished his practice, and is devoting himself more particularly to dentistry.

In regard to the Hon. Wm. A. Newell, M. D., you say "he *is, or was*, a member of the District Society of Monmouth." I beg leave to say that he also is a graduate of the University of Pennsylvania, and is at this time a member, in good standing, of the District Society of Monmouth, and extensively engaged in the practice of medicine.

I make these statements to you simply as a private correspondent. I trust that, as you were asked the facts in the case by your correspondent from Connecticut, any misstatement that you may have made, from not being posted in the premises, will receive at your hands the attention that your frankness and courtesy may prompt.

Remarks by the Editor.—We give the Drs. Newell the benefit of the remarks of our correspondent as inserted above. If, however, they prove that we made a single misstatement or misrepresentation, it is more than we can discover; indeed, they fortify us in every representation we made. The fact is patent that a nostrum, very extensively advertised, is certified to by two physicians, who by that act, if the certificates are not forgeries, voluntarily place themselves in an equivocal position toward the medical profession. Such public acts are amenable to public criticism, and as a conservator of professional ethics, it became our duty, especially when called upon to do so, to pass such criticism on the act as seemed called for. We think our correspondent will have to try again, before he will succeed in convicting us of misstatements in the premises.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. IV.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, Sept. 12, 1855.

Congested Stomach.—Dr. FINNELL exhibited a *stomach*, removed from a man 30 years of age, who commenced freely drinking about 11 o'clock at night, and was found dead a few hours after. The *stomach* was found reddened and congested throughout, and much contracted, containing abundant tough, tenacious mucus; the intestines were red, and contained blood. He considered it interesting, only from the short time he lived after he commenced indulging, about four hours.

Hypertrophy of Bladder; Large Biliary Calculus.—Dr. FINNELL then exhibited a *hypertrophied bladder*, obtained from a man 70 years of age. He had been laboring under diabetes, some two years previous to death, for which he was treated with decided beneficial results for about one year and a half. His general health, however, gradually failed. Six months before death, pus was observed in the urine, which was natural in quantity. He died comatose.

Post-mortem examination revealed the bladder much hypertrophied, containing one pint of purulent matter—the kidneys seemingly not altered. In the gall-bladder was found a calculus one inch and a half in length, one inch in diameter, and weighing 160 grains.

Extra-Capsular Fracture of Neck of Femur.—Dr. CHAS. D. SMITH presented a specimen of *extra-capsular fracture of the neck of the femur*, occurring in an old lady 70 years of age, who has been, for a year, the subject of slight hemiplegia of the left side. Attempting to walk across the floor, she fell upon that side, and was unable to rise. After having been assisted to bed, it was ascertained that she had sustained some injury in the neighborhood of the hip-joint. Drs. Taylor, Stone, and Smith, were called soon after the accident, and the following condition of things observed: The *left hip* was swollen and painful, the leg shortened from an inch to one inch and a half, the foot inverted, and the big toe resting on the metatarsal bone of big toe of right foot; knee also inclined to knee of sound leg, presenting the signs of luxation of femur upon the dorsum. From the nature of the accident, it was, however, supposed not to be the case, but that a fracture of the cervix existed. Manipulation evinced no crepitus, and when discontinued, the leg remained the same, and the foot still inverted. After powerful and long continued extension, crepitus was at last perceived over the trochanter major. The foot was then everted. Still the diagnosis was not altogether clear—the swelling was considerable, and there was a good deal of adipose tissue in the vicinity of the joint, so that the movements and position of the trochanter major could not be accurately determined. It was concluded to wait until the next morning before positively pronouncing upon the case. The following day the foot was still everted and crepitus plainly felt, and the conclusion arrived at was, extra-capsular fracture of cervix femoris. The limb was placed in a double inclined plane by Dr. Taylor. About two weeks after, a small tumor was discovered in the femoral region, over the course of the artery, an inch below Poupart's ligament. Its size was gradu-

ally increased; it was hard and firm, unaccompanied with pain, pulsating uniformly with the pulse at the wrist, and gave out a purring sound. Pressure on the external iliac diminished its size. It was pronounced, by all who examined it, an aneurism of the femoral artery. Nothing was recommended in the way of treatment, as her health was rapidly declining. She died two months after the accident.

Post-mortem examination twenty-four hours after death.—Examining the femoral region, before making the incisions, a hard, unyielding tumor was felt, similar to what existed before. Considerable adipose tissue about the joint, and the muscles retained their natural fulness. Careful examination of the femoral artery and its branches, the profunda, epigastric, and others, disclosed these arteries perfectly healthy. Nor was any abscess or tumor discovered, except an osseous growth proceeding from the trochanter major, over which the femoral artery passed. Upon removing the upper portion of the femur, a fracture of the cervix, nearly united, was found.

The artery having been pressed upon by the growth from the trochanter major, and the extravasation in the surrounding tissues causing swelling in this region, may explain the signs of aneurism; and the foot being turned in at first, and the want of crepitus at the seat of fracture, may have been caused by the fracture having been impacted.

Ulceration of Intestines.—Dr. FINNELL then presented a *specimen of ulceration of the intestines*, obtained from a patient of Dr. Linsley, 60 years of age. In 1849 he experienced an attack of cholera, and has never enjoyed good health since that time. Ten days previous to death, he had diarrhoea, brought on by eating, from which he however recovered, when he was suddenly seized with pain in the abdomen, rapidly sank and died.

Post-mortem examination.—Gas escaped on opening the abdominal cavity, in which was found fecal matter—evidences of general peritonitis—obstruction at cæcum, which was ulcerated and perforated. There were numerous openings (fifty or sixty) scattered over the ascending portion of the colon; the feces at these points appearing like beads.

REGULAR MEETING, Sept. 26, 1855.

Carcinoma of Mammar.—Dr. JENKINS presented, for Dr. J. O. Stone, a specimen of *carcinoma of the breast*, removed from a French woman, aged 41 years, unmarried. Four months since, she was kicked in the breast by a child. Soon after, she noticed a lump in her breast, which constantly increased up to time of operating. During the ten days previous to its removal, the tumor increased one-third in size. It was not adherent, nor were the axillary glands enlarged. The incisions healed entirely by the first intention.

Typhoid Ulceration of Small Intestines.—Dr. GOULEY presented a specimen of *ulceration of the small intestines*, characteristic of typhoid fever, occurring in a German woman, 26 years old, who was received into the Staten Island Hospital, under charge of Dr. Harris. She died on the sixth day after admission.

Perforation of Stomach.—Dr. FINNELL presented a specimen of *perforation of the stomach*, occurring in a young girl, 14 years old, a patient of Dr. Linsley. She enjoyed good health until five days previous to death. About six months before her last illness, the color of the skin changed to a dark-brown hue, resembling a mulatto.

August 10. She went to church as usual, but returned, complaining of headache and slight uneasiness of the stomach; the next day she was in the same condition, when some simple medicine was administered; on the third day she became gradually collapsed, and died.

Post-mortem examination fourteen hours after death disclosed a perforation of the stomach, at its posterior portion, as large as a dollar, near the cardiac

orifice. The contents of the stomach were lying near the opening. No evidences of peritonitis.

Dr. DALTON observed that he thought the perforation did not exist before death, but was produced by the action of the gastric juice. With such an opening, it was difficult to understand how there was an entire absence of peritonitis.

Poisoning by Laudanum.—Dr. FINNELL then presented the *uterus* and *stomach* of a woman, 22 years old, who committed suicide by taking half an ounce of tinct. opii, about two o'clock at night; she died at ten o'clock A. M. About an hour previous to death, she awoke and asked for water, made a few remarks, and soon went to sleep again. An hour after, she was found dead. He merely brought this case before the Society for the purpose of asking whether any member was familiar with an instance where consciousness was perfect for an hour previous to death, in poisoning by opium. The facts were so stated in the investigation by the coroner; but he was himself inclined to doubt the circumstance.

Dr. POST mentioned a case somewhat bearing upon the inquiry of Dr. Finnell, in which six grains of opium were taken in divided doses; some hours after the last dose, the patient awoke and dressed. Stupor again supervened, and she died.

Umbilical Abscess.—Dr. FORD exhibited a specimen removed from a patient of the Emigrant's Hospital, Ward's Island. She was about 18 years of age, and at her admission complained of rheumatic pains. She was discharged, but returned again, suffering from pain about the umbilical region; still nothing of a serious nature was suspected. About fourteen days previous to death, a protrusion occurred at the umbilicus. It was opened, and a small quantity of pus discharged.

At the *post-mortem examination* an abscess was found, having its apex at the umbilicus, extending down to the vagina.

Authentic Case of Superfetation.—Dr. GILMAN, in the absence of a pathological specimen, desired to relate a rare fact, viz: A well authenticated case of *superfetation*, occurring in a woman who was married on the 9th October last. In nine months and one day, on the 10th of July, she gave birth to a male child, of large size; and last week gave birth to a female child, fully developed—the interval being seventy-two or seventy-three days. She was unable to nurse the first child fully, until the birth of the second, the supply of milk being deficient. He had not seen the patient himself, but intended to do so, and ascertain if she had a double uterus.

Tumor of Uterus.—Dr. DETMOLD referred to a case where he removed a tumor from the *uterus*. Four years since, it first made its appearance, and was then extirpated; two years after, it was reproduced, and partially removed by the ligature. In the last operation it was broken in pieces, in consequence of the traction necessarily used. To the naked eye, it seemed composed of fibrous tumors interspersed in the substance of the uterus. He alluded to it only for the purpose of drawing attention to its microscopical character, which was described by Dr. Dalton as consisting almost entirely of muscular fibres of the uterus—the new growth arranged concentrically; at the centre, firm and white, at the circumference its structure resembled ordinary muscular tissue.

Dr. BOLTON exhibited a specimen of extensive desquamation of the skin, consequent on scarlatina.

Dr. FINNELL presented a portion of the umbilical cord, for the purpose of alluding to the case. The woman, during labor, walked across the room; a violent pain coming on, the child was thrown against the floor, striking its head on an uneven surface, which caused a deep indentation on the right side. No inconvenience resulted.

BIBLIOGRAPHICAL NOTICES.

ART. V.—*A Manual of Pathological Anatomy.* By CARL ROKITANSKY, M. D., etc. Translated from the last German edition, by Wm. Edward Swaine, M. D., Edward Sieveking, M. D., Charles Hewitt Moore, and George E. Day, M. D., F. R. S. Four volumes in two. Pp. 306, 267, 349, 320. Philadelphia: Blanchard & Lea, 1855.

THESE volumes are, in our view, among the most important that have been issued of late from the medical press. If there is any one man whose opinions on pathological anatomy are entitled to respect, that man is Carl Rokitansky; for perhaps none other has enjoyed the opportunities he has for observation. Since 1834, he has held the office of Professor of Pathological Anatomy in the University of Vienna, and Prosector at the General United Civil and Military Hospital in that city—the largest hospital in the world. The number of corpses examined by him, and which were made the basis of the work before us, is summed up at *thirty thousand*. The first volume is on general pathological anatomy; the second treats of the pathology of the abdominal viscera; the third, of the bones, cartilages, muscles and skin, cellular and fibrous tissue, serous and mucous membrane, and the nervous system; and the fourth treats of the organs of respiration and circulation. The untiring industry and zeal of the author in recording the results of the observations of so many years, is worthy of all praise, and will be of lasting benefit to the race.

It must be borne in mind that the work was written “less as an elegant essay on disease than as a register of well-observed, well-weighed, well-arranged facts. It is not adapted for the merely classical reader, but is a companion for the museum or pathological theatre—a lexicon, in which each case, as it occurs and needs explanation, may be found already at hand, and in its place. It is, therefore, an invaluable book of reference for those

who, amid the hurry of practice, require prompt and complete information.”*

We heartily commend the work to the attention of our readers.

ART. VI.—*Yellow Fever, considered in its Historical, Pathological, Etiological, and Therapeutical relations, including a sketch of the Disease as it has occurred in Philadelphia from 1699 to 1854, with an examination of the connections between it and the Fevers known under the same name in other parts of Temperate, as well as in Tropical Regions.* By R. LA ROCHE, M. D., &c. &c. In two volumes. Pp. 615, 813. Philadelphia: Blanchard & Lea, 1855.

YELLOW FEVER is one of our established and most formidable diseases. There is scarcely a season in which it does not prevail in some portion of our wide extended land, occasionally breaking forth with uncontrollable fury, as in the epidemics of 1853 in New Orleans, of 1854 in Charleston and Mobile, and of the present year in Norfolk and Portsmouth. In former years, severe epidemics of it have visited Baltimore, Philadelphia, and New York; and it is impossible to tell when these cities may suffer from another visitation. Indeed, the horizon wears a threatening aspect at this moment. The *emeute* of the past year in Philadelphia, and the terrific experience of the present in Norfolk, may be but warning notes to tell us to prepare for a sad future. In this view, Dr. La Roche's work comes at a very opportune moment.

When one glances over the forty-four pages of the bibliography of yellow fever, contained in Dr. La Roche's work, which includes a list of upwards of eight hundred separate treatises on the subject, he seems hardly prepared to entertain the thought that this work really fills a blank in our medical literature. But so it is; if one of our readers had gone to a bookseller to obtain a reliable work on yellow fever, before the issue of Dr. La Roche's book, he would have found it difficult to obtain one.

The work before us evinces great labor and research. A re-

* Preface to vol. 3.

ference to the title will give an idea of its scope, and the minuteness of detail with which the author enters into the subject. He scarcely leaves anything to be done by future writers, further than to record the histories of epidemics that may occur hereafter, with any new suggestions in treatment. The essence of all that has ever been written on the subject, seems to be crowded into Dr. La Roche's work ; and the author's philosophic mind has arranged the whole into a connected history of the disease and the ordinary modes of treatment.

We are glad to see so valuable a book added to our medical literature, and are proud that it originated on our own soil, rather than in a foreign land. The library of the physician, particularly in regions exposed to epidemics of yellow fever, would be incomplete without the work.

We cannot perceive that our author says anything of the recent attempts to prevent yellow fever, by inoculation. He probably did not regard the experiments as sufficiently conclusive to make it worth while to refer to them.

ART. VII.—*A Practical Treatise on the Diseases of the Eye.* By WILLIAM MACKENZIE, M. D., &c. &c. *To which is prefixed an Anatomical Introduction explanatory of a horizontal section of the human Eyeball.* By THOMAS WHARTON JONES, F. R. S., &c. &c. With 175 illustrations. From the fourth revised and enlarged London edition, with notes and additions by Addinell Hewson, A. M., M. D., one of the Surgeons to Wills' Hospital for Diseases of the Eye, Lecturer on Surgery, &c. &c. Pp. 1027. Philadelphia: Blanchard & Lea, 1855.

As diseases of the eye become more of a specialty, the demand for treatises on the subject increases. The prolific press of Blanchard & Lea has but recently given us a new edition of Lawrence on the Eye, edited by Dr. Hays, and here we have, if anything, a still more elaborate work on the same subject. It is really astonishing to see how much can be written on so small an organ as the human eye.

In Mackenzie we have, seemingly, all that we can wish for on diseases of the eye, at least in the present state of knowledge on

the subject. A foreign writer, speaking of the work, says it "forms, in respect of learning and research, an encyclopædia unequalled in extent by any other work of the kind, either English or foreign."

Dr. Hewson's labors have not been merely those of a supervisor, for he has added many pages of very judicious observations of his own, including a brief account of the ophthalmoscope, and the various conditions which have been thus far revealed by its use, and to which the author has scarcely alluded.

Those of our readers who are desirous of becoming possessed of a reliable work on diseases of the eye, cannot do better than supply themselves with Mackenzie.

The publishers have issued the work in a style creditable to their well-known liberality and enterprise.

ART. VIII.—*Principles of Human Physiology, with their chief applications to Psychology, Pathology, Therapeutics, Hygiene and Forensic Medicine.* By WM. B. CARPENTER, M. D., F. R. S., F. G. S., &c. &c. A new American, from the last London edition. With 261 illustrations. Edited, with additions, by Francis Gurney Smith, M. D., Prof. of the Institutes of Medicine in the Medical Department of Pennsylvania College, &c. Pp. 902. Philadelphia: Blanchard & Lea, 1855.

PHYSIOLOGY, our readers are aware, is, in these days, emphatically a *progressive* science. The text-books of our tutelage are, therefore, no authority now. They must be laid aside, and works substituted which represent the present position of the science. Fortunately for science, Carpenter still lives, and labors to keep his works up with the times. We have neither time nor space to indicate all the changes that have been made in the present edition, but they are numerous, many parts of the work having been entirely rewritten, and others omitted, or transferred to one of his other physiological works.

Dr. Smith has made some valuable additions to the work, embracing some of the researches and opinions of Brown Sèquard, Professors Jackson and Leidy, Dr. Dalton, and others. This

work is too well known to our readers to need a word of commendation from us, and we have only to assure them that it is brought fully up to the present state of the science of physiology.

ART. IX.—*Clinical Lectures on the Diseases of Women and Children.*

By GUNNING S. BEDFORD, A. M., M. D. Pp. 550. New York : Samuel S. & W. Wood, 261 Pearl St., 1855.

WE have presented us in this volume, what purports to be a fair and full report of lectures delivered by Prof. Bedford at his obstetric clinics in the University of New York. It is not easy to overrate the advantages to the medical student of a judicious course of clinical instruction—how it leads to discrimination, precision, and acuteness in the study of symptoms—how it exhibits, in nameless ways, in what manner tact may facilitate inquiry, and how artful modes of exploration and a skilful appliance of remedies, may elicit knowledge and cure disease, without embarrassment to either physician or patient. As the value of such lectures to the student is unquestionable, we see no reason why he may not be furnished them, in a form best suited for study, as in the volume before us. He has not the faces and forms of patients before him, it is true, as in the actual clinique, but he has a better sketch of what is to be the experience of his own life than any other kind of medical reading will furnish him; and he may be instructed, measurably at least, in what works on anatomy and physiology and the various special branches of our science will fail to instruct him, and in which the instincts of the true gentleman are not always a sufficient guide, viz: how to interrogate patients, under all circumstances, with becoming delicacy, and yet elicit all that should be known. We do not pretend to hold up the present volume as a model for imitation in this particular, for we think it might readily be improved; but, as we have long been convinced that the deportment of physicians at the bedside of patients is too seldom referred to by teachers, and that an unfortunate manner or an inaptness in modes of exploration, which a little training or a word of caution would have improved, has sown thorns in the

path of many a young physician, we therefore deem it proper, in this connection, to intimate what seems plain to us—that clinical lectures are the occasions best fitted, perhaps, above all others, to enforce such teachings.

Prof. Bedford's book is a good one. It gives his views of the pathology, treatment, &c., of various diseases of women and children, in a clear and concise manner; he interrogates his patients before his pupils, as they will one day have to interrogate for themselves; and, in offering his book to the medical public, he no doubt anticipates that not only his class, but those who have for years been pursuing a similar line of study and labor, will find in it somewhat to instruct and interest them. We have no doubt any such anticipation will be realized. P.

ART. X.—*The Obstetric Memoirs and Contributions of JAMES Y. SIMPSON, M. D., F. R. S. E., Professor of Midwifery, &c. &c.* Edited by W. O. PRIESTLEY, M. D., &c., of Edinburgh, and HORATIO R. STORER, M. D., &c., of Boston, U. S. Vol. 1, pp. 756. Philadelphia: J. B. Lippincott & Co., 1855.

THE name of Simpson has long been familiar to our readers, as he is well and favorably known as an author and teacher. His obstetric writings are widely diffused, having been given to the public principally through the medium of the periodical medical press, and the volume before us is made up of a collection of these fugitive contributions.

Some novel suggestions have been put forth by Dr. Simpson, concerning which Dr. Storer, the American editor, holds the following language: "No suggestion, I do believe, however impracticable or useless it might seem at first sight, ever came from this man's mind, without being called forth by a felt want; being based on logical reasoning, and supported by experiment. In almost every instance, thus far, the soundness and propriety of these suggestions have already been acknowledged; where such has not been done, it will be.

"In 1844, Dr. Simpson proposed, in certain cases of placenta prævia, the extraction of the placenta before the child;

"In 1845, the use of alkaline salts in placental phthisis;

"In 1847, the operation of turning as an alternative for craniotomy;

"And, in the same year, the use of anæsthetics in labor.

"Three of these proposals, either of which were worth a lifetime to have made, were in turn received with ridicule and fierce attack. Within ten years, these same proposals will have saved thousands of lives; and they now command the respect and assent of a large proportion of the profession. But yesterday, and the man who dared give ether or chloroform in labor was considered as breaking alike the laws of nature and of God; the time is probably close at hand when such will be said of all who withhold them, even in natural labor.

"In 1843, Dr. Simpson proposed the sound in uterine diagnosis;

"And, in the same year, the treatment of displacements by intra-uterine pessaries.

"In 1844, the incision of the cervix uteri in obstructive dysmenorrhœa;

"And, in 1849, the employment of sponge tents to expose intra-uterine polypi.

"Regarding each of these latter proposals, many fears are still held, often openly expressed, though upon two of them, the first and the last, the sense of the profession is doubtlessly now with Dr. Simpson."

The work is divided into three parts—First, *Special Pathology of the Unimpregnated Female*; Second, *Physiology and Pathology of Pregnancy*; Third, *Natural and Morbid Parturition*.

The editors have done a good work in collecting these papers, and presenting them to the profession in a connected form, and we hope the profession will manifest its appreciation of the service by a liberal patronage. So good a book, on so important a subject, should find a ready sale.

Nothing is said about the appearance of other volumes, but as the one before us is marked vol. 1, it is fair to presume that it is soon to be followed by others.

ART. XI.—*Elements of Medicine: A Compendious View of Pathology and Therapeutics; or the History and Treatment of Diseases.* By SAMUEL HENRY DICKSON, M. D., LL. D., Professor of the Institutes and Practice of Physic, &c. Pp. 752. Philadelphia: Blanchard & Lea, 1855.

THAT this work may be better adapted to the wants of the student and young practitioner, Dr. Dickson has made it as compendious as possible, and written it in the simplest and plainest style. Our author has been a teacher of medicine for thirty years, having lectured to classes both in Charleston and New York; he has therefore the plea of long experience, and an intimate acquaintance with the wants of the student, to warrant him in an undertaking of this kind. We have no doubt that our readers, particularly in the Southern States, will be rejoiced to see a work on practice from the pen of Dr. Dickson. The want has long been felt—whether imaginary or real we will not undertake to say—for a work on the practice of medicine, particularly adapted to southern latitudes. Dr. Dickson being a southern man, and living in a southern city, his work must in great measure, if not wholly, meet such a supposed want. We are, however, surprised to find that his remarks on congestive fever are condensed into less than five pages, while we find not one word on the “congestive chill” of some southern writers, a form of intermittent fever which we have been accustomed to regard with a good deal of respect—that kind of respect that is excited by fear—from its reported terrible fatality. We do not speak of this as a defect in Dr. Dickson’s work, for he refuses to admit that there is any form or type of fever, to which the title congestive, is exclusively appropriate. A good degree of method and order is evident in the work, matters of great importance in books of reference. The work is a valuable addition to our stock of medical literature.

ART. XII.—*A Monograph on Mental Unsoundness.* By FRANCIS WHARTON. Pp. 228. Philadelphia: Kay & Brother, 1855.

THIS is the first book of a treatise on Medical Jurisprudence, which is about being issued from the press under the joint

authorship of Mr. Wharton and the late lamented Moreton A. Stillé, M. D. Poor Stillé did not live to reap the triumphs of his first attempt at authorship.

Judging from the few pages before us, this work, when issued, will be an exceedingly valuable addition to the literature of legal medicine. We will postpone further remarks, however, until the complete work is received.

ART. XIII.—*A Dictionary of Terms used in Medicine and the Collateral Sciences.* By RICHARD D. HOBLYN, M. D., Oxon. A new American, from the last London edition. Revised, with numerous additions, by Isaac Hays, M. D., editor of the *American Journal of the Medical Sciences*. Pp. 522. Philadelphia: Blanchard & Lea, 1855.

HOBLYN has always been a favorite dictionary, and in its present enlarged and improved form, will give greater satisfaction than ever. The American editor, Dr. Hays, has made many very valuable additions. The reading physician—and he is to be pitied who is not, in these days—often needs a dictionary. Possessed of Hoblyn, his need will be supplied.

ART. XIV.—*Medical Lexicon of Modern Terminology; being a complete Vocabulary of Definitions, including all the Technical Terms employed by Writers and Teachers of Medical Science at the present day, and comprising several hundreds of words not found in any other dictionary. Designed for the use of students and practitioners.* Third edition. By D. M. REESE, M. D., LL. D., &c. &c. Pp. 233, pocket edition. New York: S. S. & W. Wood, 1855.]

THE comprehensiveness of the title precludes the necessity of our saying anything of the objects of the work before us. We well remember the momentous occasion on which our rustic feet first entered the bounds of an anatomical theatre. It was in a school located at a respectful distance from the vulgar associations connected with hospitals and clinical instruction, and fed by peri-

patetic professors, whose orbits included several schools. No anxious politician ever looked out for "Sam" with greater trepidation than we ogled the apartment to see if a skeleton was in sight. Then came the dapper, voluble professor, with a whole lecture full of big words, and technical phrases, perfectly incomprehensible to us. A fellow student suggested Reese's *Medical Lexicon*, which, having procured, we pocketed it with a kind of reverential satisfaction, and it was for a long time our constant companion.

Moral.—Simple-minded students should supply themselves with Reese's *Medical Lexicon* and peripatetic professors should keep within its range.

ART. XV.—*The Book of Prescriptions: containing 2900 Prescriptions, collected from the practice of the most eminent physicians and surgeons, English and foreign. Comprising, also, a compendious History of the Materia Medica of all countries, alphabetically arranged; and lists of the doses of all officinal or established preparations.* By HENRY BEASLEY. Pp. 369. Philadelphia: Lindsay & Blakiston, 1855.

THE comprehensiveness of the title of this book, like the last one noticed, precludes the necessity of our saying anything of its objects. Rightly used, it will prove a *very* useful book to the practitioner, giving excellent hints as to the mode of combination of different remedies. To a limited degree, the work also answers the purpose of a dispensatory. We think the book would have been more perfect if the services of a competent editor had been secured, for the purpose of adapting the technology of the formulæ to the United States Pharmacopœia. We are exceedingly jealous of any departure from our standard rules in this respect.

ART. XVI.—*A Manual of Clinical Medicine, and Physical Diagnosis.* By T. H. TANNER, M. D., &c. &c. To which is added the Code of Ethics of the American Medical Association. Pp. 252. Philadelphia: Blanchard & Lea, 1855.

THE student and young practitioner will find this manual a very useful book of reference to aid them in their clinical exami-

nations of patients. The directions given are minute, and the work appears to embrace all that can be desired in respect to scope and variety. Our readers must not fall into the error of supposing that this work is intended to instruct them in the science and art of physical diagnosis. Its object is to tell them how to *apply* the knowledge they have already acquired.

ART. XVII.—*How to Nurse Sick Children: intended especially as a help to the Nurses at the Hospital for Sick Children; but containing directions which may be found of service to all who have the charge of the young.* Pp. 69. New York: S. S. & W. Wood, 1855.

THIS is a very valuable little book for nurses. It teaches them how to manage sick children, the responsibility of their office, and their relations to the doctor. The work is written in an excellent Christian spirit, and by one evidently who loves children. We advise our readers to provide themselves with a number for distribution to nurses, and mothers with large families. They will be well compensated for the small outlay. We hereby request the publishers to send us six copies, with the bill, in the next bundle they send to our address.

ART. XVIII.—*The Anatomical Remembrancer, or Complete Pocket Anatomist: containing a concise Description of the Structure of the Human Body.* Second American, from the fourth London edition. With corrections and additions by C. E. ISAACS, M. D., &c. New York: S. S. & W. Wood, 1855.

A NEW edition of a very useful book to the student or practitioner. The American editor has supplied a full and satisfactory anatomical description of inguinal and femoral hernia, adding greatly to the value of the work.

EDITORIAL.

AN AVALANCHE OF BOOKS!

OUR readers will perceive, by the unusual number of book notices this month, that authors and publishers have been very busily engaged of late, the result of which is a large influx of new books, many of them of superior pretensions. This is certainly an age of great activity in medical authorship, and the press is teeming with major and minor works on the various branches of the science of medicine. This indicates great activity of the medical mind, and promises glorious results in the future. So much labor and research must be rewarded by positive advance in the knowledge of diseases and their remedies. It is worthy of remark that the medical literature of the day is nearly all on the side of legitimate medicine, showing that men of mind rarely give themselves up to the speculative notions and erroneous deductions so prevalent in these days of medical error. Yet errors in medicine will exist, certainly as long as errors in religion, and they will occasionally find able advocates, and always blind adherents.

The medical man of the present day must be a man of reading—a *student*—if he would keep up with the science of medicine, and it is his own fault if he is not posted, as the press teems with text-books, and elaborate treatises, on every branch of medical science. We congratulate our readers that so much is being added by our own countrymen to the medical literature of the times, and as so many active minds are now engaged in special inquiries and observations, it is reasonable to expect that our countrymen will yet do a larger share of the literary labor of the times. It seems to us that we lack in making the most of our clinical advantages. As most of our clinics are conducted, the student has little opportunity to follow up cases that are presented to him, and the teacher hardly observes them himself sufficiently closely to warrant him in deducing from them rules for the future guidance of himself and others.

SHAMELESS AUDACITY.

It seems hardly right to give the subject of quackery a dignified letting alone, when its audacity reaches the pitch of the advertisement inserted below. The newspapers will not rebuke it, for they, with few exceptions, have sold themselves to these deceivers of the public for the paltry remuneration they receive for disgracing their columns with their shameless pretensions.

The associations connected with the term "Howard Association," are of too sacred a character, to have it prostituted to purposes of deceiving the public, and filling the pockets of ignorant and unprincipled pretenders. It is high time that public sentiment frowned down these infamous impostors, and that newspapers making any pretensions to respectability should refuse to give currency to their falsehoods.

The *Princeton Press*, of this State, contains the following, amid a host of other quack advertisements:—

Howard Association, Philadelphia.—Important Announcement.

To all persons afflicted with sexual diseases, such as spermatorrhoea, seminal weakness, impotence, gonorrhoea, gleet, syphilis, the vice of onanism, or self-abuse, &c. &c.

The Howard Association of Philadelphia, in view of the awful destruction of human life and health, caused by sexual diseases, and the deceptions which are practised upon the unfortunate victims of such diseases by quacks, have directed their consulting surgeon, as a CHARITABLE ACT worthy of their name, to give medical advice gratis, to all persons thus afflicted (male or female), who apply by letter, with a description of their condition (age, occupation, habits of life, &c.); and in cases of extreme poverty and suffering, to furnish medicines free of charge.

The Howard Association is a benevolent institution, established by special endowment, for the relief of the sick and distressed, afflicted with "virulent and epidemic diseases," and its funds can be used for no other purpose. It has now a surplus of means, which the Directors have voted to advertise the above notice. It is needless to add that the Association commands the highest medical skill of the age, and will furnish the most approved modern treatment. Valuable advice also given to sick and nervous females, afflicted with womb complaint, leucorrhoea, &c.

Address (post-paid), Dr. GEO. R. CALHOUN, Consulting Surgeon, Howard Association, No. 2 South Ninth St., Philadelphia, Pa. By order of the Directors.

EZRA D. HARTWELL, *President.*

GEO. FAIRCHILD, *Secretary.*
July 20, 1855.

Can audacity further go? Is the newspaper that admits such vile advertisements fit to lie on our parlor tables, to be read by our children? Must our young men be offered a premium to commit lewdness, and must lewd advertisements be familiar as household words to the eyes and ears of our wives, sisters, and

daughters? It is high time that this species of wickedness was frowned down.

Among the numerous practical works issued lately from the press, none are superior to the small volumes by the two Boston veterans, Drs. James Jackson and Geo. Hayward, advertised in this number of the *REPORTER*. We have no hesitancy in assuring our readers, especially those of them who are in the earlier years of their career as practitioners, that they could hardly furnish their tables with two small books that will give greater satisfaction than these. For further particulars concerning the books, see the *REPORTER* for June and October, in which notices of them will be found.

Our friends of the *Boston Medical and Surgical Journal* have a critical eye, as we happen to know. What do they say to the following prescriptions, copied from page 225 of their current volume: "R.—Massa hydrargyri, pulv. aloes, āā gr. xij; sub-nitrate oxide bismuth ʒss; extract. gentianæ q. s. Ut fiant pilulæ xij." Again, "R.—Tinct. ferri muriatis ʒj; spiritus ætheris nitrici ʒj.—M." A teaspoonful of the mixture is directed to be taken two hours after meals, in a glass of cold chamomile tea. We could relish green persimmons after such a dose! To copy the prescriptions is criticism enough.

We have received the first number of the *Atlanta Medical and Surgical Journal*, published monthly at Atlanta, Georgia, under the editorial management of Drs. Joseph P. Logan and W. F. Westmoreland, both professors in the Atlanta Medical College. Each number is to contain 64 pages, terms \$3 00 per annum. The work makes a very excellent appearance, and is made up of good original and selected articles. The only objection we have to it is our standing objection to journals representing schools of medicine. In spite of this, we wish it success, and welcome it to our list of exchanges.

Among the items of intelligence by a recent arrival from Europe, we regret to find a notice of the death of M. MAGENDIE, late Physician of the Hôtel Dieu. He died on the 7th ult. of disease of the heart.

ECLECTIC AND SUMMARY DEPARTMENT.

Prosecution for Malpractice, in a Case of Imperfect Recovery from a Dislocation of the Elbow.

Farr vs. Moore, Grafton County, New Hampshire. The case was tried at the April Term, 1853, before Mr. Justice Woods. H. & G. A. Bingham for plaintiff, C. W. Rand and H. A. Bellows for defendant.

On the 17th day of September, 1850, the plaintiff, a boy nine years old, was running and fell, dislocating the forearm backwards.

Dr. Adams Moore, of Littleton, who lived at the village, nine miles from the patient's home, was called, and arrived about three hours after the injury happened.

He found the joint much swollen and very painful. The arm was easily drawn into place with a slight chuck. On flexing the arm the boy complained very much.

The case was regarded and treated as a simple backward dislocation, with more than ordinary swelling and pain. The swelling and extreme sensitiveness of the boy, and his absolute refusal to inhale chloroform, prevented a minute examination.

The boy was born of a scrofulous mother, whose lungs and general health had been impaired before his birth, and who died of cancer of the breast. He had a cleft palate; bore the aspect of a strongly marked scrofulous constitution; and did not manifest the ordinary degree of mental development of boys of his age.

He was lying on a bed when the dislocation was reduced, and was left there with the arm in a semiflexed position, resting on a pillow, covered with a napkin saturated with cold water. The use of bandages, splint, and sling, was considered improper. The application of cold water, with entire rest, was directed. The father was also told not to move the joint for eight or ten days, and then to begin motion without any efforts of the boy.

No request was made to the surgeon to visit the boy again, the surgeon saying it did not appear necessary. The father undertook the care of it himself.

The following night the limb continued to swell, and was quite painful, although the boy took morphine.

In the forenoon of the next day, the father applied to Dr. Burns, of Littleton, the senior physician of that region, who visited the boy with Dr. Moore.

After hearing a history of the case from the friends and Dr. Moore, and examining it as far as he thought proper, he gave it as his opinion that there was no appearance of any existing displacement of the bones; and advised a continuance of the treatment first prescribed, until the inflammation and swelling should subside; and if then all did not appear right, to bring the boy down to the village for further examination.

No more was heard from the boy until the seventeenth day after the injury. At that time the father took the boy to Dr. Burns for examination. Dr. Burns looked at it, told the father to ask Dr. Moore to come to his office, at the same time saying that the arm was not right, which observation was reported to Dr. Moore at the time.

He went to Dr. Burns's office, and found the arm capable of only partial flexion and extension. The covering of the joint was thickened and indurated all around. The prone and supine motions of the forearm were perfect; and no displacement of any bone could be discovered by Dr. Moore. As Dr. Burns had expressed an opinion conveying the idea that the dislocation had not been perfectly reduced, he was specially requested by Dr. Moore to point out wherein there was any bone in a wrong position. He examined it thoroughly, and admitted that he could not discover any displacement. Friction, flexion, and extension of the arm, as forcibly as the boy could bear, were advised.

About three weeks after, the father again brought the boy to Dr. Burns, who sent for Dr. Moore.

No material change had taken place, except the abatement of soreness. The motion of the joint, and the thickening of the integuments, were much as before. The sorest part was in the bend of the arm over the coronoid process, and there the thickening of the parts was the greatest. There was clearly some deep injury. It was proposed to administer chloroform to the boy and make a more thorough examination, which was done next day at the home of the boy. Extension, flexion, and a thorough manipulation for a considerable time were made, but no displacement could be discovered. An internal lateral displacement of the ulna had been suspected by Dr. Moore, who at this time became satisfied that it did not exist. A fracture of the coronoid process was supposed to be possible, but the rigid state of the parts prevented any satisfactory conclusion. Nothing new was advised, but to continue the treatment last recommended. The father had become dissatisfied, and was talking about his right to damages. About six months after the injury, the boy was presented to Dr. Dixie Crosby, Professor of Surgery in Dartmouth College, who was then at a railroad depot, waiting the arrival of the train, and had not time for a deliberate examination. He made an examination, and suggested that the ulna might be displaced inwardly; and soon found from the father that he was after an opinion for the purpose of sustaining a suit. He told him decidedly that he had no reasonable ground for such a claim.

On reaching home, Dr. Crosby wrote to Dr. Moore, stating what had transpired, and advising a careful examination in relation to an internal displacement of the ulna, which he was inclined to think might be found. As such an examination had already been made, while the boy was insensible to pain, the examination was not repeated.

About this time two suits were instituted against Dr. Moore. One in the name of the boy, by his father as guardian, on account of the loss of the use of his arm; and one by the father, for expenses and loss of the service of the boy; both claiming heavy damages.

Dr. Burns was not included. The opinion he had expressed might be of service in evidence.

About a year after the accident, Dr. Burns was called by the plain-

tiffs to depose as to his knowledge of the matter and the present state of the arm.

He stated then that "the bones don't appear to be in the proper place"—"it" (the arm) "is very much enlarged about the joint"—"the appearance is that the joint is not in its proper place."

On cross-examination, he was requested to point out any bone connected with the joint, which was not in its natural position. To this he replied that he "did not know as he could."

At this time there was a slight crackling in the joint, when moved; and the arm could be bent to nearly a right angle with the upper bone.

Dr. Burns afterwards, from a more careful examination of the subject in reference to there having been a fracture of the coronoid process, entirely changed his opinion of there being any unreduced dislocation.

About two years after the accident, Dr. C. M. Tuttle, of Littleton, went and examined the joint, and compared the appearances with those of the case of Sir Astley Cooper, as described in his book, and came to the conclusion that it was an injury of that kind; and that the recovery in this case was as good as that is represented to have been.

About the same time, Dr. E. R. Peaslee, Professor of Anatomy, &c., in Dartmouth College, was called upon by the plaintiffs to examine the arm and testify as to its condition.

After a careful examination of the boy alone, he stated that the following was the condition of the limb:—

"I find some difficulty at the elbow joint. In the first place, there is a defect in extension; secondly, there is a defect in flexion (the arm not being bent beyond about at a right angle); thirdly, there is some deformity at the joint; fourthly, the ulna is somewhat displaced backwards; fifthly, the radius is also slightly displaced; sixthly, the head of the radius is enlarged." The displacement of the radius is "backwards and downwards, being slight," and that the head of the radius was "very near on its natural articulating surface, but not precisely;" "that he could discover no lateral displacement of the ulna." He said that a partial dislocation of the radius backward, was not an accident recognized by surgeons as he was aware, unless complicated with a fracture of the coronoid process; and that in this case it was "altogether probable that the coronoid process had been broken;" and that the boy bore the aspect of a highly scrofulous constitution.

Soon after this, the boy was taken by the father, accompanied by his counsel, for an *ex parte* opinion, to Dr. J. P. Bancroft, of St. Johnsbury, Vermont. Dr. Bancroft says he made the examination and declined giving an opinion until he had time to refer to his books, which he did, and came to the conclusion that it was a case of fracture of the coronoid process; and that he never had had experience in such a case. He also said that a scrofulous diathesis was a serious impediment to complete recovery in injuries of joints.

The physicians already named gave depositions out of court to be used on the trial.

Also, Dr. E. Lyman, of Lancaster, who had been in practice fifty years, was applied to by the plaintiffs. He had examined the arm a few months after the injury, and also examined it when he gave his deposition about a year after the accident. He, without hesitation, called it

"a case of bad surgery;" said the ulna was in place, but that "the radius was thrown off, as he conceived it."

The trial in court was a long one; nearly a week was spent in presenting the testimony to the jury. Preparation was made to appeal to the sympathies of jurors. The boy-plaintiff appeared with his counsel accompanied by his young married sister with a nursing child, unattended by their father.

The plaintiff in his opening took the position that the defendant had made a mistake in supposing at first that the case was one of simple dislocation: and also that in treating it as such, he had not proceeded right, in not applying bandages, splints, and a sling; and securing the arm bent to a right angle with the humerus.

Another point was that he had made another mistake in altering his mind and thinking that it was complicated with a fracture of the coronoid process; and undertook to prove that the original accident was a fracture of one of the condyles. Another point was that the defendant had neglected the boy because his father was poor and did not pay his doctor's bills.

To sustain the first two positions, he asked leave to introduce the book of Sir Astley Cooper on "Fractures and Dislocations." The defendant waived all legal objection to the use of the book; and the court allowed either party to read from the book such parts as he chose, thus making Sir Astley Cooper a witness in the case for the plaintiff.

The counsel for the plaintiff then read Sir Astley's directions for treating a simple backward dislocation of the forearm; after reduction, "to bandage the arm in the bent position, the limb to be supported in a sling; the forearm to be bent rather less than a right angle with the upper arm; a splint placed in the sling for the better support of the limb." Nothing of this sort was done in this case.

The plate of Sir Astley, representing such a dressing, was exhibited from the book to the jury.

On the second position, that the original injury was a fracture, he read the remarks that oblique fractures of the condyles are often mistaken for dislocations, and happen more frequently in children than in persons of advanced age; and as an evidence of a fracture which had never united, he exhibited the crackling sound in the joint as crepitus of bones; and that such an injury could not be properly treated without bandages and splints.

On the third point, the saying of the defendant at the time of his first visit that he did not think it necessary to come again, was evidence of indifference and neglect.

The first of these allegations, "that the case was taken at first to be one of simple backward dislocation," was not denied by the defendant, but he contended that he had good reason to suppose it was so; a fracture of the coronoid process being an exceedingly rare accident, that Sir Astley Cooper, in all his immense practice, had noticed it only once, and that in a patient sent him from the country; and in this case it was impossible to discover such an injury at the time, without a handling too severe to be justified.

As to not using bandages, splints, a sling, and confining the arm in a bent position; he said they were not essential to a good recovery in a

simple backward dislocation of the forearm, and were used only as contributing to the comfort of the patient in carrying the limb; and further, that in all cases where surgeons direct their use, it is understood that there is no great degree of inflammation; that in highly inflamed limbs they would be injurious. The 261st case from the plaintiff's book was read, where Sir Astley Cooper, after reducing the dislocation, laid the arm on a pillow, with a poultice—inflammation supervened—in four days the integuments from wrist to shoulder became gangrenous, and the patient died the same evening.

The plaintiff himself proved that the boy's arm swelled above and below the elbow, and "shined like a glass bottle."

The defendant contended that after reduction, followed by severe inflammation as in this case, the inflammation became the paramount disease; and that Sir Astley's book on "Fractures and Dislocations" did not treat specially of "Inflammation."

Dr. Hibbard, of Lisbon, explained to the jury the proper treatment in such cases, and the great danger of compressing inflamed parts by splints and bandages.

In answer to the noise in the joint being evidence of a fracture ununited, Dr. Morgan, of Haverhill, testified that it was common in cases of injured joints, and very different from crepitus. He also read to the jury out of the plaintiff's book that "some time after the accident" (dislocation) "it frequently happens that a sensation of crepitus is produced by effusion of adhesive matter into the joint, and surrounding bursæ; the synovia in which becomes inspissated, and crackles under motion. But every practitioner ought to be able to distinguish this crackling from the grating crepitus of fracture." Also that "the degree of inflammation which succeeds to these accidents is generally slight; but in some cases it is very considerable, and produces great tumefaction, which added to that resulting from extravasation of blood, frequently renders the detection of the injury exceedingly difficult."

Dr. Crosby was called before the court and requested to examine the arm, to enable him to testify. He declined making any examination for the purpose of obtaining knowledge to enable him to testify, but was ready to answer all questions so far as his present knowledge should enable him; unless the court was of the opinion that the law required him to make an examination for that purpose. The judge ruled that physicians are required by law to do so, as an expert would be required to look upon a bank note and say whether it is genuine.

Dr. Crosby then made the examination, and stated that the limb bent much better than it did when he first examined it, about two years before. He thought the difficulty might be owing to the rigidity of the ligaments; that he could not satisfy himself that there was any displacement of the bones of the forearm; that there was no evidence of any fracture of a condyle; could not tell whether there had been a fracture of the coronoid process—regarded it to be very difficult to detect a fracture of that process in a case of dislocation; could not tell what caused the stiffness of the joint; had thought on his first examination, and thought now that the articulating end of the humerus, the trochlea, might have been broken, and thought the deformity might be accounted for in this way better than any other. He had never found a fracture

of the coronoid process, still it might exist here. He thought the reduction of the dislocation had been properly made.

The physicians all testified that rest and cold evaporating lotions were the main elements in treatment of dislocations after reduction of the forearm. They also testified that fractures of the coronoid process were very rare, no one having recognized that accident in his practice; and further, that recovery after it would probably be always imperfect, it being generally believed that union between the broken fragments would be by ligaments, if at all.

Dr. P. Spalding, of Haverhill, testified that the arm above the elbow was three-fourths of an inch enlarged. The head of the radius appeared a little raised; that when the arm was extended, the olecranon was carried from the external condyle of the humerus about one-half an inch, and yet the distance from the olecranon to the extreme point of the internal condyle was the same in both arms; that the condyles of the humerus by admeasurement were precisely the same as to their extreme points; and that the arm when extended seemed to permit a straight elevation of the olecranon from the fossa of the humerus; that pronation and supination of the radius were perfect; that when the arm was nearly extended the tendons of the biceps and brachialis muscles were put to the utmost stretch; and that when the arm was flexed to a right angle, the ulna seemed to come in contact with a solid substance in the hollow of the arm, so as to prevent entirely any further flexion.

He gave it as his opinion that there had been a dislocation of the elbow backwards, together with fracture of the coronoid process of the ulna; and suggested that the broken point had adhered to the trochlea, and had not united with the ulna.

As to negligence on the part of the surgeon, the plaintiff, in his zeal to make the time as short as possible between that of the accident and the arrival of the doctor, made it appear that the surgeon rode from his home to that of the patient, nine miles, over a rough, uphill road, in one hour (which was really straining the truth, but it showed no lack of promptness on his part). The defendant also offered to show the declaration of the father that he believed Dr. Moore did the best he could, and that he never charged him otherwise; that all he blamed him for, was that he would not acknowledge the arm wrong when Dr. Burns said it was, and he must have known it was. To the admission of this testimony the plaintiff's counsel objected, the boy being the party to the suit, and not the father. The judge was not clear that it was proper, and the defendant's counsel thought it best not to put it in, as it might operate to set aside the verdict, in the event he obtained it.

The judge in his charge to the jury observed that the having a bad arm is not a light matter, and that the reputation of this defendant is also not a light matter.

The plaintiff alleges that he procured the attendance of Dr. Moore, that he did not set the limb properly, that he did not bandage the arm, or treat it properly afterwards.

The defendant alleges that there was a dislocation backwards, which he supposed to be simple, but finally found to be complicated with a fracture of the coronoid process, or of the trochlea of the humerus.

That at his first visit appearances did not require him to visit it again,

that splints and bandages were not proper—that the inflammation was such as would have made them injurious.

That a fracture of the coronoid process, or of the trochlea, is never followed by a perfect recovery. That there were depositions within and around the joint, caused by the inflammation; and that the stiffness consequent upon these deposits may, and very probably is an important part of the difficulty.

There is no doubt that the boy is incurably lame, but from what cause does it arise? If the surgeon exercised reasonable care and skill in the case, he is not liable. He is not obliged to guarantee a perfect cure.

It is charged that he was negligent. If he supposed it to be a simple dislocation, and that it was reduced, was there any necessity of his going again? Was it proper that he should direct to bring the boy down to the village, when the inflammation had subsided? Does the fact that he went there in one hour show that he was prompt and attentive? and the fact that he took Dr. Burns, an old and experienced physician, with him, show that he was careful, and wanted to treat it carefully?

You are to decide whether the permanent lameness of the plaintiff is caused by the fractures or deposits, or by the want of skill and care on the part of the surgeon.

The jury, after deliberating a long time, reported that they could not agree, and were discharged. It was rumored abroad afterwards that they stood three for plaintiff and nine for defendant. It was further said that two of the minority would agree with the nine for the defendant, if the *one* would. Before the next term of court, the plaintiffs became nonsuit by agreement.

Some of his medical brethren expressed a wish at the time of trial to know the defendant's own opinion in regard to the real nature of the injury, as he carefully avoided expressing any that might at all influence theirs, while the matter was undergoing a legal investigation. His opinion is based on the four following facts, three of which were unknown to them:—

1. The bones of the forearm were drawn into place with more ease than was expected—the chuck, as they slipped into place, though distinct, was less so than usual, but did not raise the idea of a fracture at the time.

2. The bending of the arm caused a considerable increase of pain; the limb being much swollen and the boy very sensitive, this was not regarded as evidence of a fracture.

3. There was for a considerable time not only a very decided thickening of the integuments directly over the coronoid process, but the tenderness at that point was greatest.

4. When the arm is flexed, the ulna and radius seem to be in place; when extended, the point of the ulna strikes a little back and to one side of the posterior fossa, showing a slight backward slipping, for the want of a full support of a perfect process in front, and drawing the radius with it, the circular ligament probably being not broken.

That the broken point of the coronoid process has adhered to the front of the trochlea, or some solid growth thrown out there, against

which the remainder of the process strikes on flexion, appears to him very probable.

When driven to a careful investigation of the subject of fractures of the coronoid process, the defendant was led to notice the two following statements in standard surgical works, which are calculated to mislead, and may be seized upon by plaintiffs' counsel to operate on the minds of jurors:—

Mr. Fergusson, in his *Operative Surgery*, says of backward dislocation of both bones of the forearm: "In such a case, the coronoid process will *probably* be broken." This was urged in the trial by plaintiff's counsel as contradicting the medical testimony, and charging a conspiracy on the part of the doctors to defeat the ends of justice, in saying that the accident was very *rare*.

One other case came to the notice of the defendant, but not to the plaintiff's counsel:—

Dr. Dorsey, in his *Surgery*, says that Dr. Physick once saw a case of fracture of the coronoid process; that the forearm was kept fixed at a right angle with the humerus, and the tendency of the brachialis muscle to draw up the superior fragment was counteracted in some measure by pressure of the roller above the elbow, and "that a *perfect cure* was *readily obtained*."

In the first, perhaps the word "possibly" has given place to "probably."

In the latter, it may well be doubted whether the case is fairly represented by Dr. Dorsey, it not having come within his own observation.

A. MOORE.

American Medical Monthly.

LITTLETON, N. H.

Who shall Guard the Shepherds?—Notwithstanding the efforts of our Medical and Pharmaceutical associations towards a uniformity and accuracy in the style of prescriptions, physicians seem to be retrograding in this really important part of their profession. We can hardly open a medical journal without meeting with prescriptions written in bad Latin, mixed up with English, the officinal titles of drugs disregarded, and incompatible substances freely mingled. This is due in part, doubtless, to sheer ignorance, but in more instances must be referred to carelessness, and its remedy is to be found in a vigorous castigation at the hands of the editors of medical journals. I was induced to trouble you with these remarks by coming across a copy of a (not the) *Western Medical Journal*, in which this carelessness or ignorance is most woefully apparent; indeed, in the whole number, there is not one correctly written prescription. In the first article, we have "I left as a placebo, more than anything else, spirits lavender, A., and curuph. tinct. opii, A. A., to be given *pro a rata*." Allowing for printers' blunders, this prescription is loose enough to excite attention. I suppose it to mean spts. lavand. co., and tinct. opii camph. aa p. e., to be given *pro re nata*.

In Art. IV., we have the following :—

Sulph. <i>Antimoni</i> Precip.	℥ i.
Pulv. <i>Doveri</i> ,	℥ ii.
“ <i>Opii</i> ,	grs. 10.
“ <i>Alumen</i> ,	℥ iv.
M et fiat. chart., no. xx.	

The Italics mark the blunders. In the same article, we find

R. Tinct. <i>Canthar.</i> ,	℥ i.
“ <i>Digitalis</i> ,	℥ i.
“ <i>Cinchon</i> ,	℥ ii.
Mur. Tinct. <i>Ferri</i> ,	℥ i.
Aqua <i>Pura</i> ,	℥ iii.

The dose, a teaspoonful at noon of each day. Here we have the tincture of the chloride of iron, called Mur. Tinct. Ferri mixed with the tinctures of cantharides, digitalis, and cinchona, with all of which it is incompatible. Aqua Pura would have been better aquæ puræ, although the U. S. P. recognizes only aqua and aqua destillata. The symbols ℥ and ℥ are used instead of f℥ and f℥.

But the “most unkindest cut of all” is to be found in the article by one of the editors, himself a distinguished professor in the school of the city whence the journal emanates, as well as one of the earliest and most vigorous advocates of medical reform through the American Medical Association. One of the intents of this reform was, to insure a more thorough preliminary education, which we supposed included at least such a knowledge of Latin as would enable the practitioner to distinguish the nominative from the genitive case. We quote all the prescriptions to be found in the article in question without remark, merely distinguishing the faults as before, by Italics.

(1) R. <i>Sub murias hydrarg.</i> ,	12 grs.
Pulv. <i>Opii</i> ,	10 grs.
<i>White sugar!</i>	30 grs.

Mix and divide into six powders.

(2) R. Ol terebinth,	℥ ii.
Tinct. <i>Opii</i> ,	℥ ii.
Pulv. <i>G. Arabac</i> ,	} aa ℥ iii.
<i>White sugar</i> ,	

Rub together thoroughly together, and add

<i>Mint Water</i> ,	℥ ii.
(3) R. <i>Nitras Argenti</i> ,	7 grs.
Pulv. <i>Opii</i> ,	20 grs.

Mix and divide into 20 pills.

(4) R. <i>Chloride of Sodium</i> ,	℥ ii.
Tinct. <i>Opii</i> ,	℥ ii.
<i>Sulph. Quinine</i> ,	15 grs.
<i>Water</i> ,	℥ iv.

(5) R. Strychnine,	1 gr.
Nitric acid,	3 i.
Tinct. Opii,	3 ii.
Water,	3 ii.
Mix.	
(6) Erigeron Canadensis,	3 ss.
Lycopus Virginicus,	3 ss.
Boiling water,	1 pint.

Make an infusion.

The above require no comment, they are simply disgraceful. The high position, and well-known learning of the gentleman alluded to forbid the idea that ignorance is the cause of the errors. We must then attribute it to carelessness, and hope for better things in future. If those who stand thus in the professorial chair, and who take upon themselves the responsibilities of the medical journalist, set such an example to their pupils, both before and after graduation, may we not indeed exclaim: "Who shall guard the shepherds?" U. S. P.—*Phila. Med. and Surg. Journal*.

Physicians.—The editor of the *American Medical Gazette* estimates that one physician is required for every 700 inhabitants. This would give over 30,000 in the nation. It is probable that the average life of a physician is not over thirty years, after he enters his profession. Hence it follows by computation, that the waste, by deaths alone, is one thousand physicians a year. But more are lost by change of business than by death; and this loss might be estimated, without exaggeration, at 300. We have, then, an actual loss of 1,300 physicians annually, which must be made up. Again, the increase of population in the United States, is about 700,000 a year, which it requires an increase of 1,000 physicians to supply. There are, therefore, actually required *twenty-three hundred* new physicians in the United States, yearly. To meet this, we have only 1,400 graduates from the schools, and about 300 foreigners, making in all 1,700, and leaving an actual deficiency of 600 a year, to be supplied by irregular practitioners.—*Boston Med. and Surg. Journal*.

What we Eat—How Adulterated.—The *Times*, after a long report of Mr. Scholefield's Committee, says: "As to Turkey rhubarb, one of the witnesses enlightens us by saying, 'One manufacturer at Banbury, near Oxford, produces twenty tons of rhubarb per annum; it is inferior to Turkey rhubarb, as fetching 4*d.* a pound, while Turkey is 11*s.* 6*d.*; China rhubarb, 7*s.* 6*d.* Cod-liver oil is immensely adulterated; only 5 per cent. of genuine cod-liver oil will answer all the usual chemical tests. Mustard has 30 per cent. of lime or chalk as adulteration; chloroform undergoes decomposition, but is not much adulterated; quinine is very much adulterated with starch and manna.' Another witness stated he had found crystals of alum in English bread the size of peas, the 4 lb. loaf often containing 500 grains. German yeast is said to be the source of the furunculoid epidemic, or epidemic of boils, in England. Ordinary so-called 'chemists' know nothing whatever of chemistry;

they, of course, could not or did not wish to know anything of adulterations." The *Times* also gives a long description of Dr. Hassall's evidence, too copious for extraction. The chief articles poisoned with lead and copper were, yellow sweets for children with chromate of lead, and pickles with verdigris.—*Dublin Med. Press*, from ditto.

Rupture of Ganglions by Pressure.—To break what is commonly called a ganglion, and thus disperse the tumor which is often disfiguring the wrist, and about which we are often consulted, it is only necessary to flex the wrist so as to make the skin tense; then let the surgeon seize the hand with both of his, and place both thumbs, one above the other, on the ganglion. It is rarely that such pressure does not succeed in its object, whereas the usual way of placing the thumbs side by side, by the law of the diffusion of pressure in fluids, the two counteract each other, and there is great loss of force.—*Ib.*

Fissures of the Nipple during Lactation.—Nurses are frequently affected with fissures on and about the nipple. Nothing can be more painful than nursing under these circumstances, and frequently it is necessary to discontinue it, at least on one side. M. Bourdel, Assistant Professor of the Medical Faculty of Montpellier, says he has used, for ten years, a method which he has never seen fail when the fissures were not due to a constitutional cause, whether syphilitic or other.

The substance used is the tincture of benzoin, which is applied, by means of a fine badger's hair pencil, to the cracked or ulcerated surface, so as to completely cover them with this liquid. Only the first application is painful, and this is characterized by a smarting, proportioned to the depth of the ulcerations, and does not continue more than a quarter of an hour.

The tincture of benzoin forms a kind of covering on the surface of the nipple, which protects it, and the child takes the breast without any repugnance, even when the tincture is not dry. This covering, when hardened, defends the ulcer from contact with the air and the garments, and dispenses with lotions, which are not well borne. Lactation is not interrupted, for it ceases to be painful. Cicatrization takes place at the end of some days. The treatment is never prolonged beyond twelve days.—*American Medical Monthly*.

Cholera Tincture.—We take from the *Annuaire Thérapeutique*, the following tincture, used by the missionaries, in cholera and diarrhoea. Take the root of angelica, gentian, sweet flag and elecampane, of each half an ounce; simarouba, two drachms; Geneva spirits, one quart. Macerate for eight days, and take it in a wineglass of sage tea, in doses of a half ounce.

This tincture is known under the name of the *Elixir of the Sisters of Charity*, and has been used by Recamier and M. Cayol with good effects.—*Virg. Med. and Surg. Journal*.

Radcliffe.—Dr. Jno. Radcliffe (Nat. 1650; Ob. 1714), though rude in manner, was the most popular physician in London, in the latter part of the seventeenth century: His prognosis was almost unerring,

and his diagnostic powers unequalled by any physician of that day. Many anecdotes are extant illustrative of his sagacity and bluntness. When William of Orange showed him his swelled ankles, he said: "I wouldn't have your majesty's two legs for your three kingdoms;" and though this uncourtly speech procured his dismissal, the event soon proved the accuracy of the unfavorable verdict it implied. A usurer, having sought his advice in mean attire, with a view to save the fee, was thus roughly addressed by Radcliffe, who detected at once his paltry disguise: "Go home, sir, and repent as fast as you can, for the grave and devil are alike ready for Tyson, of Hackney, who has despoiled widows and orphans, and will be a dead man in ten days." Tyson died in ten days, leaving 300,000 pounds. Radcliffe's reputation had the precedence of his experience. In 1684, two years after he graduated at Oxford, he was made physician to the Princess Anne, of Denmark, who discarded him for telling her that "her maladies were nothing but the vapors." When called to the Duke of Beaufort, he said: "I know what would kill him, but know not what will save him." He prophesied the fate of this nobleman with such exactness, that he was always afterwards referred to as an oracle. In 1694, Queen Mary had the smallpox. An order of council summoned Radcliffe to give his opinion. He examined the prescriptions, and told them "her majesty was a dead woman, for the remedies were contrary to the distemper; yet he would endeavor to get her some ease." She soon died; and the poet sang:—

"Nor could the skilful Radcliffe's healing hand
The Goddess's approach to Death withstand."

His ready wit often brought him into trouble. Dr. Marshall prosecuted him for a witticism, and Swift always called him "that puppy Radcliffe." He had an altercation with Sir Godfrey Kneller, the painter, who lived in the next house to him. Kneller had some rare exotic plants, which Radcliffe's servants injured, passing through a door by which the gardens of the two houses communicated. Kneller, having borne this annoyance until it became intolerable, sent word to the doctor, that he should be compelled to lock up the door. Radcliffe, in a great rage, answered that "Sir Godfrey might do what he saw fit, in relation to the door, *so he did but refrain from painting it.*"—"Did my very good friend, Dr. Radcliffe, say so?" cried Kneller; "Go back to him, and, after presenting my service to him, tell him that *I can take anything from him but his physic.*" Radcliffe was never a hard student, and had but few books, so that it was said "his library was in his window seat;" yet he left 40,000 pounds for a library at Oxford; this sum was expended in a building, opened with great pomp in 1749, which, as if to verify this joke, was for a long time without books. He said the whole art of physic might be written on a sheet of paper; he added, that when a young practitioner he had twenty remedies for every disease, but, before he died, he knew more than twenty diseases for which he had not one remedy.—He disliked to pay his bills. It is related that a man who had laid a pavement for him, after long and fruitless endeavors to get his account, caught Radcliffe as he came out of his house in Bloomsbury Square, and demanded his bill. "You have

spoiled my pavement, you rascal," said Radcliffe, "and covered it over with earth to hide your bad work." "Doctor," said the pavior, "mine is not the only bad work that the earth hides." "You dog, you," said Radcliffe, are you a wit? You must be poor—come in, and I will pay you." In 1693, he was engaged to the daughter of a wealthy merchant, who was to have a dowry of 15,000 pounds. The match was broken off, however, by his discovery that the fair one was already pregnant, a circumstance that so irritated him, that he always afterwards spoke with contempt of the sex. In 1714, when Queen Anne was seized with the illness that terminated her life, Radcliffe was sent for; but he replied that he "had taken physic and could not come." He died three months afterwards, and, it is said, that the popular odium which was heaped on him in consequence of his apparent disrespect to his sovereign hastened his end. He was buried in St. Mary's church, Oxford, with great solemnity.—*Virg. Med. and Surg. Journal.*

Case.—John Case, an astrological empiric, flourished in London, in 1690. He was the successor of Lilly, and acquired wealth by the success of his pills, which were recommended by a poetical distich, expressive at once of their cheapness and efficacy. His door was pointed out to inquiring patients by two lines, which were said to have procured more money than all the poetry Dryden ever wrote:—

"Within this place
Lives Doctor Case."

Dr. Radcliffe once met him at a tavern, and jocularly pledged him with: "Here, Brother Case, I drink to all the fools, your patients." "Thank you," replied the quack, "let me have all the fools, and you may take the rest." This is the origin of an anecdote that has been repeated in many different versions.—*Ibid.*

Imperial Obstetrics.—Antoine Dubois, the celebrated accoucheur, encountered the greatest difficulties in his youth, and rose to his high position by his own indefatigable efforts. The Emperor Napoleon employed him to officiate on the occasion of the birth of his son. Strange to say, the presentation, in Maria Louisa's case, was by the hip; and our obstetric friends will appreciate the dismay of Dubois, when he found, in this momentous instance, a presentation which, according to Merriman, occurs but once in 1800 cases. Dubois requested a consultation. But the Emperor replied: "If you were not here, you would instantly be sent for. Go back, and treat the Empress as you would a baker's wife." Dubois proceeded to effect the podalic version, but when the head entered the excavation, it became completely locked. Instead of using gentle tractions, as recommended by some, the accoucheur introduced the forceps and delivered rapidly. Seven fearful minutes elapsed before the child breathed, and by a cry put an end to the anxiety of the Emperor and Dubois. The latter was made Baron, and received a fee of \$20,000.—*Ibid.*

The Inner Bark of the Elder in Epilepsy. By M. BORGETTI.—Notwithstanding our well founded distrust of the new remedies daily chroni-

cled in the journals for the cure of epilepsy, yet we cannot avoid giving an analysis of the remarks of M. Borgetti on the use of the elder bark in this disease.

CASE 1.—A man forty-eight years old, of a nervous bilious temperament, robust, habitually temperate, and born of healthy parents, was attacked in the year 1844 with epilepsy, apparently caused by some moral influences, and the paroxysm returned every two or three months. Transported from the prison of Ivry to that of Saluces, the attack became more frequent, coming on always when the moon was in her first quarter, and with two or three paroxysms a day. Having been returned to the central prison of Ivry as an incurable epileptic, Dr. Borgetti, after being assured of the reality of his disease, and having relieved him of all suspicion of malaria by the administration of the valerianate of quinia, and the paroxysm still returning at its usual time, administered to the patient a dose of the infusion of elder bark on the 10th, 16th, and 24th of March, 1851. To the great astonishment of everybody, the attack did not appear, and the patient, whose term of punishment had expired, left the hospital in perfect health.

CASE 2.—A forest ranger, aged forty-four years, of a sanguine, bilious temperament, robust, and the son of healthy parents, had been affected, since the age of twenty, with epileptic seizures without any known cause, which returned at fixed periods, on the 15th, 20th, and 30th days. In September, 1850, he was brought to the infirmary of the Ivry prison as an incurable epileptic. Having employed without success the oxide of zinc, the extract of belladonna, and various other remedies, he was treated like the preceding patient, with the infusion of elder bark. The next month he had an attack, but the continuation of the remedy eventually triumphed over the disease, and, at the end of five months he had escaped any return of his disorder.

CASE 3.—A robust peasant, forty years old, attached to the Turin prison, was taken in the month of May with epilepsy, which returned every month whilst he was in the prison of Onaille, from which place he was at last brought to Ivry as an incurable. He was here treated with the infusion of elder bark. After the fourth dose of the medicine he had one slight paroxysm, and the patient went to the penitentiary of Alexandria, and performed his work of twelve hours a day, without a relapse.

CASE 4.—A peasant, aged thirty years, of a lymphatic nervous temperament, very irascible, had epileptic seizures every eight days. Same treatment. After the fourth dose, he had a slight attack; this was the last. There was no relapse for the space of a year. This epilepsy probably was brought on from onanism.

CASE 5.—A young man, twenty-eight years of age, of a nervous temperament and delicate constitution, was addicted to onanism. Epileptic attacks came on every twenty or thirty days, which much enfeebled the patient. Five doses of the elder infusion completely stopped the paroxysms. At the end of eight months he had no relapse.

Mode of Administering the Elder Bark.—Take the branches from the elder tree, about one or two years old, strip off the outside bark, and scrape the inner bark which remains. Take of this bark 3xij, and 3vj of water either hot or cold. Let it infuse forty-eight hours, and then

strain it, pressing it lightly. To be taken fasting, one-half at a time, the other half in a quarter of an hour. The same dose should be administered every six or eight days for two months. If then the epileptic attacks continue as frequent and violent, we may consider them, says M. Borgetti, as symptomatic of some other affection, or as perpetuated by some organic or acquired vice, over which the elder bark can have no control. This medicine frequently produces vomiting and purging, as well as symptoms of vertigo, but they never have been so serious as to compel the discontinuance of the remedy.—*Gazette Med. Sardin.*, from *Virginia Méd. and Surg. Journ.*

EPIDEMIOLOGY.

1. *Letter on Yellow Fever.* By J. C. NOTT, M. D., of Mobile.—

Amongst the many communications which have been already elicited by the epidemic of Norfolk and Portsmouth, we especially notice the letter of Dr. Nott, of Mobile, which we find published in the *National Intelligencer*. Dr. Nott predicted, two years ago, the advance of this terrible disease northwards, and hence, as his prophecy has unfortunately been but too true, it may be well to pay special attention to his communication.

1st. *Its Origin.*—Whether this epidemic was really imported from Africa or not, is a point which cannot be settled from any data yet made public, and I shall not offer you any speculations on it. One fact, however, is certain: that this disease has travelled steadily on, since its first appearance in Rio Janeiro five years ago, along the Caribbean Gulf and the Atlantic coasts, until it has at length reached Norfolk. No mortal of our day is endowed with the spirit of prophecy; but still we can often, from the lights of history and observation, predict with tolerable certainty coming events; and it was on such data that I ventured to foretell that yellow fever would go as far as Norfolk, which is about the boundary of the yellow fever latitude, and also suggested the strong probability that it would visit our northern cities, where it does occur at long intervals. Now, the grounds upon which I made these predictions were as follows:—

Yellow fever has at long intervals, not only in the Mediterranean, along the Spanish and French coasts, but in the United States (about fifty years ago), taken on this *travelling* character. About the time alluded to, yellow fever extended from southern ports to Norfolk, and thence to Winchester, in the interior; to Philadelphia, to New York, and thence to Catskill, on the North River, and to Hartford and Middletown. The epidemic in question had steadily progressed for three years, from Rio to Mobile, and on to Key West; and with all these facts before me, I did not hazard much in predicting that its progress was onward in the direction it had been travelling.

Type of the Disease.—Few men in the United States have seen more of yellow fever than I have, and I have no hesitation in saying that this

is substantially the same disease as the yellow fever which occurred in Philadelphia in 1793, and which has appeared from time to time since. It is the fact with typhoid fever, cholera, plague, scarlet fever, smallpox, and all epidemic diseases, that they appear in different *grades* of violence at different times, and occasionally have a greater tendency to travel over a large extent of country. This has been the case with the yellow fever in question; but its mode of attack, its course of symptoms, including yellow skin and black vomit, its average duration, &c., are the same as other yellow fevers, and, though it may have been somewhat more virulent, it is still the same disease.

Contagiousness.—This is a knotty point, and I have not space to do more than express my conclusions. Under the term contagion are compounded two distinct questions, viz: *contagiousness proper*, or the communication directly of yellow fever from one human subject to another; and secondly, the *portability* of the cause or germ by vessels from one port to another. Although my mind leans at present towards a belief in the contagiousness of this disease in certain instances, I still doubt, and my judgment is in suspense; but with regard to its *portability* by vessels from place to place and by railroads, I do not see how any human being familiar with its history can doubt, and I should advise our northern friends to quarantine rigidly against it. The disease has gone to every point within a certain distance of the Gulf, which was frequented by steamboats and railroad cars, and I believe would have entered New York in 1853 had it not been stopped at the Quarantine.

2. *On the Prevention of Yellow Fever.* By THOMAS H. BUCKLER, M. D., of Baltimore.—These extracts from an article in the *Baltimore Sun*, attributed, we believe with propriety, to Dr. T. H. Buckler, of that city, may be taken in connection with the views of Dr. Nott, and will give a correct idea of the prevailing notions with regard to the prevention of yellow fever. Dr. Buckler argues the necessity of strict hygienic precautions in the following language:—

Now, at the very time when Baltimore, with other Atlantic cities, is threatened with the fearful calamity which has desolated Norfolk and Portsmouth, we are informed that the fund appropriated for cleaning our streets, lanes, and alleys, is exhausted.

If the Baltic and Black Sea fleets were at the mouth of the Chesapeake and coming to Baltimore with predatory intent, it might be just as well to say, "Come and take us, we have made no preparation, and lack both spunk and powder." And which, think you, would be most disastrous, a bombardment, or the existence among us of a pestilence like that which has beset these devoted towns? The question is easily answered. When it is remembered that the single epidemic of the "black death," which once desolated all Europe, carried off nearly one-fourth, or 25,000,000, of its then population, the importance of arresting pestilence cannot be over estimated.

All accounts agree that on the advent of the yellow fever, and even now, both Norfolk and Portsmouth were filthy in the extreme; and that from an utter neglect of the most obvious sanitary rules these towns are,

to say the least, in a state deplorably at variance with a decent regard for common cleanliness and public health. Had these places been in a proper hygienic condition, the probabilities are that the poison of yellow fever would not have found even a foothold; and if the statements as to their sanitary condition are not grossly exaggerated, then the individual or individuals who caused the accident involving the lives of so many on the Camden and Amboy railroad, are not more culpable than the public authorities of both Portsmouth and Norfolk. It may be thought by many, that in both instances these casualties were providential, which would imply that Providence intended that communities should be vile, filthy, and negligent of the rules of public health in the one case, and in the other that it would be mocking His decrees to sue the Railroad Company for damages. Why, if a coroner's jury were called in the case of one of the Norfolk or Portsmouth sufferers, as is done in every instance of death from railroad accident, it would be perfectly fair to decide that the death happened because of the neglect on the part of the health department to keep these towns in proper hygienic condition.

A well regulated health department can do more to ward off pestilence than fortifications, military skill, and strategy can ever accomplish in averting the calamities of war.

The sweeping charge here made against both Norfolk and Portsmouth is, we are led to believe, not correct. The condition of Norfolk is at least as good as it has been for many years, whilst Portsmouth has never been considered an uncleanly town, and, from its natural position, is enabled to preserve the streets and sewers from any undue accumulation of deleterious matter. The propriety of the caution given by our author, on the vital importance of hygienic rules, is undisputed. Dr. Buckler proceeds to say:—

Now, our present purpose is to show that the same sanitary measures which render the cholera poison innocuous, serve also in eradicating yellow fever, and that the poison of this disease, like cholera, can only thrive in malarious districts.

A recent writer assures us, on what authority he does not say, that yellow fever is in the air, that it is travelling north, and predicts that it will next year and the next, visit Baltimore, Philadelphia, and New York. The writer was probably not aware that this disease prevailed about a single wharf in Philadelphia during the months of August and September, 1853, and that it owed its origin at this place to an eddy in the river, whereby the egress of matters which had accumulated as a result of city drainage was prevented. He was not aware, also, as will presently be shown, that yellow fever existed to a limited extent in the lower part of this city during the autumn months of 1853 and 1854.

With the questions whether this disease is atmospherical, infectious, or non-infectious, and as to its transportability, we have nothing to do at this time, being satisfied to deal with a more practical point—its mode of prevention. It may be well to remark, however, that under the term yellow fever, have been included two or three distinct affections, like only as to the fact of yellowness, but widely different in most

other essential particulars; and that while one is highly infectious, the other is not at all so, and a third variety probably only communicable under highly favorable circumstances. And hence it is, that both the advocates of infection and non-infection have over and again proved their point, in a mode which should be entirely satisfactory to any unprejudiced jury.

The suggestion as to the three varieties of yellow fever, the one very infectious, the second non-infectious, while the third is only communicable under favorable circumstances, is a novel idea to us. La Roche tells us of many varieties of this disease, but nowhere describes these remarkable differences. That each epidemic varies in its malignity, and power of overcoming the antagonistic forces of the system, is undoubtedly true. All epidemic diseases are characterized by the same change of type; but we cannot consent to consider them different diseases. One epidemic of scarlet fever is very mild; another is seen to be almost invariably fatal in its results, but surely they are both scarlet fever. We must think that such propositions as those of Dr. Buckler's, tend to throw more confusion on this difficult question. We give, in conclusion, the remarks of our author on the method of prevention.

The yellow fever which happened amongst the free colored population in 1749, and came from every section of the city, was proved to be an infectious disease, from the fact that at the Baltimore almshouse, to which a large number of cases were carried, several of the resident nurses, who had not been near the city, sickened and died of the same disease; and yet a thorough cleaning, and the adoption of other hygienic measures, effectually eradicated the disease from all the localities in which the poison had just before proved so rife. And it has been seen that the institution of similar sanitary precautions proved an effectual barrier to the non-infectious yellow fever which appeared on McElderry's wharf, Thames and Block streets, in the summers of 1853 and 1854.

It would appear, therefore, that yellow fever, in whatever form it may declare itself, can only thrive in a malarious atmosphere, and that when the materials which give employment to the poison are removed, the disease is at once, as it were, guillotined, garoted, or strangled. In other words, the producing cause of this fever, introduced in a community whose nervous systems are depressed by inhaling a miasmatic atmosphere, is like a spark amongst tinder, or seed sown in nutritive soil; but let the same poison occur amongst a people who are living in a proper hygienic condition, and breathing an atmosphere such as God in his providence intended they should consume, and the poison is at once like a fish out of water, like a spark falling on ice, or seed sown in a desert.

3. *Statistics of the Howard Infirmary, Norfolk.*—The Howard or Woodis Infirmary, which was organized by the Howard Association, and placed under the care of Dr. Fenner, of New Orleans, an eminent physician, and one of the noble band of volunteers who have shed im-

perishable lustre over the profession, admitted from the first to the twelfth of September, 148 patients, of whom 60 have died, being 40 per cent. This has been considered to be unprecedented in the history of epidemics, but on reference to the proper authorities, it will be found below the usual average under similar circumstances. All hospital statistics give a relatively large ratio of mortality, which can be accounted for by the fact that the most unfavorable cases are always apt to be sent to the hospital; many in a dying condition. This has been certainly the case with regard to the Howard Infirmary. It is, however, right to state, that many of the recoveries were amongst the negroes, who are generally attacked with the mild type of disease, and recover with greater certainty.

In the epidemic of Philadelphia, in the year 1798, the ratio of mortality was far greater than here reported. Of 4,718 cases reported to the Board of Health, 3,645 died; being more than *three-fourths* of those attacked. The epidemic of 1802 was but little better, 58 of 110 patients died in the City Hospital of Philadelphia. As an evidence of the enormous mortality which follows this pestilence, La Roche states that Spain, in seven epidemics, from 1800 to 1821, lost 130,000 of its population!*

4. *Statistics of the Mortality in Norfolk and Portsmouth, during the Prevailing Epidemic.*—It has been estimated that the population of Norfolk, which is usually about 14,000, has been reduced by flight to not more than 8,000 persons, whilst in Portsmouth, with an average of 8,000 inhabitants, it is supposed that probably 4,000 have remained. The number of deaths in Norfolk to the 20th of September has been not far from 1,400, whilst in Portsmouth it is estimated that 700 have died from the disease. Thus in 12,000 persons, we find a loss of 2,100 from the ravages of this awful scourge. Yet even with this fearful exhibit, the disease is not satisfied, for daily victims are being added to the mournful list.

For the sake of comparison let us turn to the admirable tables of Dr. La Roche, in his late treatise on yellow fever, and we see that even this malignant visitation has been exceeded in the ratio of deaths to population. Thus,

In Palma, 1821—The remaining population being just that we have allowed to Norfolk and Portsmouth, *i. e.*, 12,000, the number of deaths was 5,341.

In Gibraltar, 1804—With a population of only 10,000, the mortality

* La Roche on Yellow Fever, i. 534.

was more than *one-half*, the number of deaths being 5,946; whilst in the epidemic of 1821, at Barcelona, of 830 patients entered at the General Hospital, *all died* but 81!

5. *The memory of—*

Sylvester,	Trugien,	Gooch,	Craycroft,
Constable,	Parker,	Howle,	Miersen,
Hanson,	Lovett,	Gelbardt,	Handy,
Sylvester, Jr.,	Walters,	Blow,	Cole,
Higgins,	Thompson,	Jackson,	Morse,
Briggs,	Fliess,	De Berane,	Rizer,
Upshur,	Booth,	Obermuller,	Smith,
Tunstall,	Howe,	De Capry,	Marshall,
Selden,	Bache,	Hunter,	Craven,
Burns,	Dillard,	Schell,	Berry.

At the close of a long and bloody battle, it is the custom to present a list of the killed and wounded; that sad record of the lamented dead, who have gone down to the grave midst the smoke of the conflict; that glorious record of the heroic dead, whose gallant deeds are painted on the pages of history, whose names are cherished in all hearts.

We, too, have now to tell of like men with these; of some who have fallen at the post of duty; of others who have died whilst serving as volunteers in a deadly campaign. With no hope of victory, with no pomp and circumstance of war to animate the heart, our brethren in Norfolk and Portsmouth have calmly, firmly discharged their duty, and have met their fate. The slaughter is now over, and we record a mortality unprecedented in history.

FORRY physicians have fallen in the hopeless contest. Exhausted with fatigues and watchings; dispirited by their want of success; pressed down with the weight of responsibility resting on them, they have sunk, easy victims to an enemy whose ravages they faithfully labored to resist. Many of these men were residents of the infected cities, and though all was consternation around them, they flinched not at that trying hour; whilst others from all parts of our country ardently rushed to the scene of danger, and sacrificed their lives in the vain attempt to check the fearful pestilence.

No pompous funeral accompanied our brethren to their silent grave. No music, sad and mournful, rings upon the ear. They lie quietly now, but they have not died in vain. Faithfully have they fulfilled the sacred duties of their calling, and their memories remain an imperishable legacy to the profession they have ennobled and adorned.—*Virginia Med. and Surg. Journal.*

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ART. I.—*Railway Surgery: being a brief Record of some of the Surgical Cases resulting from the Accident on the Camden and Amboy Railway, on the 29th of August, 1855, with Remarks.*
By S. W. BUTLER, M. D.

THE following tables, though imperfect, will give some idea of the number of killed and wounded by recent railway disasters, the record embracing the United States and Canada, and extending over a period of about two and a half years:—

	Killed.	Wounded.	Total.
May 6, 1853, New Haven Railway, at Norwalk .	46	24	70
Aug. 12, " Providence and Worcester Railway .	14	24	38
July 4, 1854, Susquehanna Railway, Maryland .	28	45	73
Oct. 26, " Great Western Railway, in Canada .	47	41	88
Aug. 29, 1855, Camden and Amboy Railway .	25	70	95
Sept. 1, " Camden and Amboy Railway .	1	1	2
" 3, " Stonington Railway . . .	2	8	10
" 8, " Camden and Amboy Railway .	1	1	2
" 11, " Mad River Railway . . .	1	6	7
" 20, " N. Y. Central Railway . . .	1	3	4
Oct. 8, " Boston and Maine Railway . .	3	6	9
" 15, " Harlem Railway . . .	2	0	2
Nov. 1, " Pacific Railway . . .	28	50	78
" 12, " Harlem Railway . . .	1	16	17
	200	295	495

But, besides the disasters enumerated above, many others have occurred that were accompanied with loss of life and bodily injury; and it is estimated that, since the 27th of March, 1853, 234

lives have been lost, and 366 have been wounded, on our different lines of railway.*

The great and apparently increasing frequency of railway disasters, and the severe injuries that so often result from them, open a new and wide field for the exercise of surgical skill. And, as lines of railway are multiplying all over the country, while, unfortunately for the travelling public, the value of the stock and the amount of percentage it pays are but too often of more consequence in the eyes of directors than the safety of travellers, it is reasonable to suppose that, until Congress passes stringent railway laws, the skill and management of the surgeon will more and more frequently be called in requisition on these melancholy occasions. It seems proper, therefore, to make record of past experience for the purpose of future reference. Unfortunately, as our readers are aware, the practitioners of Burlington have recently had considerable experience in railway surgery. On the 29th of August last, one of the most fatal and terrible railway accidents that ever occurred in this country, happened within the limits of this city. The causes and circumstances of the accident were, briefly, as follows: The ten o'clock morning train from Philadelphia, on that day, after waiting the usual time on the turnout at the Burlington station for a down train from New York, left the station at about 11 o'clock. When about two miles out it met the tardy down train, and, there being but a single track, it was necessary for the former train to back down to a turnout at the Burlington depot. This was done at a rate of speed which was variously estimated by witnesses who appeared before the coroner's jury, at from fifteen to thirty miles per hour. From declarations made to us by passengers on the train, we are disposed to think that the speed could not have been much, if any, less than twenty-five miles per hour. While backing in at this rate, the rear car of the train, while crossing a much-travelled public road within the limits of the city, came in contact with a pair of horses attached to a carriage, whose driver very carelessly drove them upon the track as the train approached. Both horses were instantly killed, and the carriage broken to pieces, though,

* The *N. Y. Journal of Commerce* estimates the loss of life at 268, and the wounded at 589, and these estimates are probably nearer the truth.

strange to say, not one of its five occupants was injured. Not so fortunate were the passengers on the ill-fated train. Soon after the horses were struck, the rear car of the retrograding train was thrown off the track, dragging with it those that were before it. Meanwhile, the reversed machinery of the engine continued to play unchecked upon the broken cars and mangled bodies that were being scattered in wild confusion on every side, and it was only arrested by the obstacles that its Herculean strength had piled in its way. We were on the spot a few moments after this occurred. The scene beggars description. Five cars were broken to pieces, yes, almost literally *to atoms*, while the ghastly and mangled bodies of the dead, the dying, and the wounded, covered the ground. Seventeen of the passengers were instantly killed, and the wounded were estimated at from seventy to one hundred. Here was work to be done—the wounded to be extricated from the ruins and removed on litters to cars, and taken into the city, and made as safe and comfortable as possible until they could be properly attended to. Twelve o'clock came and went—three—nine—midnight—two in the morning—before the unfortunates were sufficiently cared for to leave them in the hands of their nurses.

The prostration resulting from the first shock of the accident, with the tearing and crushing of the bloodvessels and muscles, prevented much alarming hemorrhage for some hours after the injuries were received. Where it was necessary, temporary expedients were resorted to for the purpose of arresting hemorrhage. The utmost dispatch was used to have the wounded removed into the city, where they were disposed of as rapidly as circumstances would permit, and immediately placed under surgical treatment.*

* It would hardly be right to refrain from speaking of the generous hospitality of the citizens of Burlington on this melancholy occasion, who freely threw open their houses for the accommodation of the wounded, and provided them, during all their stay in the city, with every luxury and convenience at their command. Fruits of every variety were supplied with almost prodigal liberality, and old, choice wines, which had been hoarded for years, were freely brought from the cellars for the use of the sufferers. At the scene of the disaster, some of the citizens showed a forethought under trying circumstances that was quite remarkable. Mr. John Rodgers, who had just taken passage on the unfortunate train, and who providentially escaped uninjured, hastened into the city, and returned with surgeons' instruments, umbrellas, fans, and a *can of iced water*: we hardly need say that the latter proved most acceptable to the unfortunate sufferers under a burning sun.

An examination of the cases evinced the fact that whatever other injury was sustained, almost all were more or less injured in the back. In some, the spinal injury resulted in the most severe opisthotonos, while others were unable to bear the slightest motion of the spine for weeks after the accident. Others, still, complained merely of a severe strain or wrench in the back. One person we remember, who had received a severe blow on the upper portion of the spine and back of the neck, in whom the secretion of urine was greatly augmented for two or three days. In accounting for this very nearly uniform injury to the spine, it must be borne in mind that the train was moving rapidly backwards, and that the concussion would throw the passengers, whether in the sitting or standing position, against the backs of the seats, without the possibility of breaking the force of the blow by the use of the hands and arms. Most of the injured were also hurt about the chest, probably from the same cause, aided by blows from broken seats, &c., before them.

Some, who at first appeared to be but slightly injured, died in a short time, probably from some internal injury. Such was the case with Major Boyce, who, we were told, walked about, and even rendered assistance to others, on the ground where the accident occurred, and, after being brought into the city, walked with assistance the distance of an ordinary square from the cars to a house, where he died in the course of two or three hours. Another, Mr. Geo. Ingersoll, seemed to be hurt so little that he took the next train to Bordentown, where he died before the close of the day. Another, Mrs. Commodore Smith, thought her injuries hardly worth attention during the two days she remained in Burlington, yet she had scarcely reached Philadelphia before she died from their effects.

In all the cases that came under the observation of the writer, the injuries were soon followed by very great prostration, requiring the constant and persevering use of the most powerful stimulants, which, in some instances, were used to an almost incredible amount. We quote the following general remarks, in addition to our own, from a communication received from Dr. WM. HUNT, of Philadelphia, who rendered very efficient aid to the surgeons of Burlington.

"I arrived in Burlington early on Thursday morning, the 30th,

and made a general visit to the injured ones in company with Drs. Gauntt, Pugh, yourself, and others.

"The patients had, of course, been unchanged since the accident, and were for the most part lying in their torn and dirty underclothes, and in the bloody and hastily, though, without exception, well applied dressings, which the necessities of the case had called for at the time of the catastrophe.

"In addition, all bore marks of severe contusions, and, to the unprofessional observer, these greatly exaggerated the condition of some, while with others it was plain that nothing was wanting to tell of the severity of their injuries.

"Some had not yet reacted from the depression and shock, while others had quite warmed up, and were beginning to appreciate how they were really hurt; for it was a subject of general remark how, as reaction progressed, a pain here and a soreness there, called attention to parts that as yet were thought not to be implicated. This fact is one well worthy the attention of surgeons, and appears to me to be particularly exemplified in railroad accidents.

"Another remarkable circumstance, and one that illustrated the extraordinary and almost immediate fatality of the casualty, was the fact that only three out of the large number involved required capital operations, and I am sorry to say that all of these have since died.

"Of nineteen that I can now call to mind, most of whom I saw on Thursday morning, twelve were injured in the head and upper extremities, and in seven the lower extremities were chiefly involved.

"Among the living I saw no fractures of the skull, although this appeared to have been a common cause of fatality to the killed.

"The injuries to the head were chiefly lacerations and contusions. The clavicle, ribs, forearm, and hand were fractured in many, but at present I cannot remember a case of fractured humerus. Of the injuries to the lower extremities, there were two cases of compound fracture of the leg, both of which required amputation above the knee. The operations were performed by Dr. Goddard. One of these patients had also a compound fracture of the other leg.

"Chopart's operation was performed by Dr. Neill upon a case of compound fracture of the foot. This patient had many serious complications to contend with, and died of tetanus on the fifth day after the accident. I saw one case of fractured thigh and leg of the same limb, and one case of fractured leg accompanied with great contusion. The other cases were lacerations.

"Of those that came more particularly under my notice, I should mention Taylor, Lukens, and Finley, whom, in consultation with yourself and Dr. Pugh, I have attended since the accident."

Capital Operations.—The large amount of labor which was at first thrown upon three or four surgeons, prevented the *immediate* performance of any capital operation. The first operation of the kind was performed on Mr. John F. Gillespie, of Mississippi, on the evening of the day following the accident. Mr. Gillespie had a compound fracture of the fibula of the right leg, also a compound and comminuted fracture of both tibia and fibula of the left leg. He was also much bruised about the right hip and left breast. Dr. P. B. Goddard, of Philadelphia, took off the left leg just above the knee on Thursday evening. Mr. Gillespie died on Saturday about two o'clock.

Mr. Otis Fiske, of Middletown, Conn., had his right foot crushed, and on Thursday evening, immediately after the operation on Mr. Gillespie, Chopart's operation was performed by Dr. John Neill, of Philadelphia, and the injured part of the foot removed. Mr. Fiske had been laboring under very great depression of spirits, requiring large quantities of stimulants. This depression continued more or less markedly for four or five days, when he finally succumbed with marked tetanic symptoms.

Mrs. Gillespie, wife of Mr. J. F. G., had a comminuted fracture of the left leg, and some very extensive bruises about the body. On Friday morning her leg was also taken off just above the knee, by Dr. Goddard. Her constitution, which was strong, struggled hard for the mastery, but nature finally yielded, and she died on the fourteenth of September. The Gillespies were first attended by Dr. Longstreet, of Bordentown, and afterwards by Dr. J. T. Metcalfe, of New York, an intimate friend, who remained with Mrs. G. till her death.

Fracture of both Arms, &c.—Mr. Richard Taylor, of 173 Taylor Street, Brooklyn, alarmed at the rapid backward motion of the

cars, rose from his seat with the remark, "They are going to kill us all," and was in the act of opening the door leading to the platform, when the crash took place. He was very severely injured, and remained insensible for some time. "The first comfort I had," he remarked, "was a draught of Mr. Rodgers' ice water." By the time, however, that he was brought into town, and a surgeon was ready to make a critical examination of his case, he had so far recovered his good sense as to have an eye to economy, positively refusing to have his coat *torn* from his back, and it was removed by *ripping* it off! On examination, it was found that his injuries were very extensive, involving fractures of both arms and a finger, besides bruises and contusions about the head and body. Concerning this case, Dr. Wm. Hunt, in his communication dated Sept. 14th, writes as follows. Dr. Hunt first saw Mr. Taylor on the morning of the day subsequent to the accident:—

"He was most terribly hurt; the left arm was contused above the elbow to such a degree as to be almost black; the vitality of the skin in some places was completely destroyed, and a large, very deep, but healthy ulcer now (Sept. 14th) occupies a place on the inside of the arm, from which the dead skin has sloughed. The elbow-joint of the same arm was opened, and upon the ground where the injury was received, a piece of loose bone was taken from the wound.* At first, it was told me that this was part of the olecranon, but Dr. Longstreet, of Bordentown (who, I think, removed the piece), says that it belonged to one of the condyles. The state of the limb on Thursday was such as to forbid any officious interference, and I therefore made no examination.

"There was a bad compound fracture of the index finger of the same arm.

"The hopes of saving this limb were very small, indeed, but it was determined to make the effort. Wet cloths were applied, and the arm was laid on an angular splint, which was secured by a few loose turns of the roller, and perfect rest was enjoined. This treatment has been continued since, and I am happy to state that, so far, the patient has got along without a bad symptom. The wound at the joint is nearly healed, and there has been very little constitutional disturbance, notwithstanding that there is also a

* In the confusion, this fragment of bone was lost.—EDITOR.

very bad comminuted fracture of both bones of the right arm. Fortunate, indeed, will Mr. Taylor be if he regains the use of his broken limbs. He certainly promises now to do better than there was any hope for. As regards the elbow, if the history were not unequivocal, it has done so wonderfully well that I should, under other circumstances, be disposed to doubt the original diagnosis."

Mr. Taylor's wounds were dressed frequently, and great benefit was derived from the constant use of the cold-water dressing. His sister-in-law, Miss Ferguson, and his nurse, Mr. Cutter, deserve great praise for perseveringly carrying out the wishes of the surgeons day and night, for so long a time; and his own buoyancy of spirits and remarkable cheerfulness, undoubtedly had much to do with the very favorable termination of his case. The right arm, both bones of which were fractured in two places, and very much comminuted, was, after a few days, put into a Bond's splint, which proved to be a very convenient and satisfactory application. On the 17th of September, Mr. Taylor left Burlington, and had a very comfortable passage to Brooklyn. Dr. A. N. Gunn was called in to attend him. On the 13th of October Mr. T. wrote us as follows, through an amanuensis: "My right arm is pretty comfortable, except on the approach of rain, when it is painful. I can raise and lower it slowly. My left is in a more decrepid state, although improving. You know the first finger was almost severed; it appears to knit, but is greatly enlarged and stiff. I may be able to wear a glove, but never use it with freedom. The fracture above [involving] the elbow, where the bone came out, is still open with a slight discharge, but is healing. The joint is destroyed. I always apply the cold water. The wound on my right temple, which healed so easily, left the cheek and lip numb, which I think will remain so, as it rather increases. But I am thankful that I am in the land of the living—it might have been worse. My mind has not suffered by the calamity.

"My dear friend, let me request you to mention my unfeigned gratitude to my numerous friends in Burlington, Mrs. B., Miss L., Mr. C. and family, and all those messengers of comfort and kindness, not only to myself, but other fellow-sufferers, whose reward is before them in the faithful promise—'Blessed are the merciful,' &c. I hope ere long to have the pleasure of seeing them. I dare not say shaking hands. Please express my sincere sympathy to

those still at Burlington, suffering. With inexpressible feelings of gratitude, yours, &c."

We copy the latter portion of the letter as a sample of the feelings entertained by all the sufferers by the accident, towards those who ministered to them in their sufferings.

We have not yet received Dr. Gunn's report of the termination of Mr. Taylor's case, but have heard since the above letter was written, that he has recovered at least partial motion of the left elbow joint, and that the movements of the right forearm are nearly perfect.

Contusion, laceration of scalp, &c.—Mr. James C. Weeden, of New Hope, Pa., fearful of an accident, went out of the car to the platform, and was looking out in the direction of the approaching train. Hearing the crash behind him, he looked around and saw the next car to the one he stood upon, breaking to pieces. He immediately sprang for the ground, but the platform on which he stood, riding up on the broken car behind it, his feet were carried up, and he fell headforemost to the ground. Before he could recover himself the car fell back, and a corner of it struck him near the left temple, lacerating the scalp from near the superciliary ridge to the superior point of union between the temporal and parietal bones, and leaving a severe contusion under the left eye. The edges of the torn scalp were drawn together with adhesive plaster. Mr. W. was able to walk about, and did not at first seem to be much hurt. On the afternoon of the next day a telegraphic message from New Hope, made it necessary, on his wife's account, for him to endeavor to reach home as speedily as possible. The journey, though a short one, exhausted him very much, and he felt a great deal of distress in the head. In two or three days he discharged a considerable quantity of blood from the bowels. The uncomfortable sensations in his head gradually increased, until the 27th of Sept., when he returned to consult us respecting them. He complained of a dull, uncomfortable feeling in the head, of numbness of the scalp of the injured side, of intermittent neuralgia, of frightful and unpleasant dreams, and of loss of memory, seriously interfering with his business engagements. The wound had healed, and there was no external evidence of injury to the skull. We could only conjecture that there was a slight effusion of blood on the dura mater, or that a small spicula of bone had

splintered off from the inner table of the skull, and was pressing on the brain. The loss of sensation in a portion of the scalp of the left side of the head, we attributed to the dividing of branches of the supra-orbital nerve. We enjoined quiet, a release from business cares as far as practicable, and the moderate use of aloetic purgatives. He left us feeling much easier in mind, if not in body. We heard, subsequently, of his improvement.

Fractured ribs, laceration of scalp, &c.—Hon. Wm. B. Maclay, of New York City, was so buried beneath the ruins of the cars that we believe he was one of the last that was extricated. We first saw him at the City Hotel. The principal injuries he received were a severe laceration of the scalp, a fracture of two ribs of the left side, and injury to the spine. He was attended by Drs. McKelway and Cook, of Bordentown, and Dr. Gauntt, of this city, until the arrival of his brother, Dr. Robert Maclay. The following notes of Mr. Maclay's case were kindly drawn up for us by his friend, Dr. J. O. Stone, surgeon to the Bellevue Hospital, New York, and consulting surgeon to the N. Y. Dispensary.

"Tuesday, Sept. 4th. Visited Mr. William B. Maclay, at Burlington, at 9½ o'clock in the evening.

"His pulse was 90, feeble, and easily excited. Tongue pale and flabby. The wound on his head commenced about an inch above the external angle of the right eye, extended obliquely to the median line of the forehead, and thence directly backwards to the occipital protuberance. The wound was dressed with straps of adhesive plaster, and was suppurating, although the greater part had healed. There was a flushed appearance of the left cheek, and a wound on the cheek-bone, which had not healed, but which was held together by a suture. The neck, under the left ear, was swelled and bruised, and the ear itself affected with erysipelas, and had been painted over with a solution of the nitrate of silver. He could not turn himself in bed without the assistance of the nurse. He complained of pain and tenderness on pressure over the eighth and ninth ribs of the left side; adhesive straps had been applied here, and, from the examination, concluded that both of these ribs were broken. The body generally was covered with scratches and bruises.

"His diet had consisted chiefly of farinaceous food and fruit, but on the day of my visit he had taken two grains of quinine with a little beer.

"His brother, Dr. Robert Maclay, was in attendance, and it was with him that I deliberated.

"His condition was unsatisfactory. Erysipelas had seized the ear, and the feeble and quickened pulse showed constitutional irritation. If the erysipelas should extend over the scalp to the wound, it would open again, he would probably become delirious, and would be in danger of his life. The great hope was that the erysipelas would not extend.

"The question then was, What could be done to avert the danger? The suture in the wound over the cheek-bone was a source of irritation, and was removed by me. It seemed to me to be important to urge the use of quinine in much larger doses, to allow beer and even brandy, to increase his diet to beef tea and meat, almost *ad libitum*.

"Strength was needed to turn aside the danger, or, if this could not be done, to enable him to bear the disease. The next twenty-four hours would settle the question whether he was to proceed steadily to recovery, or whether his life was to be placed anew in jeopardy, or if he escaped with life, whether he was to be subjected to a long convalescence.

"Dr. Maclay agreed with me in these views, and I urged upon him the importance of having the hair shaved off in the neighborhood of the ear, in order to watch the spread of the erysipelas and, if necessary, to attack it with fresh applications of the nitrate of silver.

"Oct. 5. Mr. Maclay called upon me at my house. Fortunately, the erysipelas did not extend after the last visit. The wound on the scalp had now healed, with the exception of a small place on the top of the head. He complained of having caught cold, and although his cough was better, yet it caused pain in the side where the ribs had been broken. He was also lame in left leg. It might have been caused by a sprain or bruise. He described it as a loss of power in the limb."

There are other cases of great interest, of which we have some notes, and which, with the aid of the surgeons under whose particular care they fell, we hope to be able to present to our readers in a future number.

BURLINGTON, N. J., Nov. 1855.

ART. II.—*Tetanus*. By WILLIAM JOHNSON, M. D.

FROM the early dawn of medical science, traumatic tetanus has been regarded by the profession with solicitude and dread; and that which was the opprobrium medicinæ in the days of the father of medicine, is almost equally so at the present time. Presenting in its pathological developments a strong family likeness to hydrophobia, it has been almost as much an object of dread as this ruthless destroyer. Now and then, however, a reported recovery lights up the gloom, and cheers the almost expiring hope of the medical practitioner. Opium, and ether, and chloroform, and Indian hemp, and tobacco, and quinia, and galvanism, and alcoholic stimulation, have occasionally triumphed over this disease; but their failures have been so numerous, as to render the practice vacillating and undetermined. Every recorded case in a disease of such destructive tendency must possess a practical value. Under this conviction, I am induced to present a life-long experience in this disease.

Although engaged in a very large and extensive rural practice for much over forty years, I have seen but four cases of traumatic tetanus; this will average nearly one case in eleven years. I must qualify this statement, however, by saying, that I have seen some *very threatening approaches* to this affection averted by timely remedial interposition. I have therefore excluded traumatic spasm from this enumeration, and also those cases in which there was strong tetanic predisposition—particularly one case of severe compound fracture of the tibia and fibula. The patient completely recovered, but it was a long time before I considered him secure against an attack of tetanus. I administered nearly one ounce of solid opium during this patient's confinement, which was by no means very tedious. But never have I witnessed in any other person, except an opium eater, such a tolerance of the drug. He was a man of very intemperate habits, and in a few years after his recovery from this injury, he had two attacks of delirium tremens, in one of which I administered four ten grain powders of opium, with a proportionate quantity of camphor, in the space of sixteen or eighteen hours. He slept moderately, and recovered. I do not by any means hold up this practice for imi-

tation, and it was not rashly entered upon, but I had been feeling my way by tentative medication, before venturing upon these large doses of medicine. The reader will pardon this digression. I thought it necessary in order to illustrate the value of opium in averting threatened disease, as well as in relieving actual suffering. I believe that many traumatic lesions would have resulted in tetanic development, but for its use.

As I have already observed, I have attended four cases of traumatic tetanus; three of which proved fatal, and one recovered. The first case occurred in the person of Andrew Shurts, an athletic, thick-set man. The disease was produced by an injury done to one of his fingers; in pulling up a turnip from the frozen ground, he tore one of his finger nails a few lines. Tetanus took place in eight days after. When first summoned to his aid, I found him laboring under trismus, with violent pains occurring at intervals, shooting from the sternum to the spine. The injury done to his finger was not suspected by him to have any agency in the production of so much suffering, and in fact he had almost forgotten it, as his finger was now well, until closely questioned whether he had lately received a wound in any part of his body. He then remembered and showed me the injured finger. Very soon the whole muscular structure was involved in spasm most horrible. The flexors and extensors of the whole body were rigid with spasm; the muscles of the face exhibited the most frightful grinning; those of the tongue thrust that organ between the teeth, and in spite of all our efforts to prevent it, the muscles of the lower jaw confined it so firmly in their grasp, that we had to pry them open to allow of its return into the mouth. At times the spasms were so universal that he had to be supported in an erect posture, whilst the whole weight of his body was sustained on his toes, and in this position he expired, after prolonged sufferings of eight or nine days. At the commencement of his disease, the pulse was but little affected; as it advanced it became frequent. I called in consultation, both the late Drs. Ogden, of New Germantown. We treated the case by the full exhibition of opium, and cut across the injured finger a little above the nail down to the bone, so as to completely intercept all nervous communication between this part and the sensorium commune. The wound was afterwards dressed with oil of turpentine. Nothing,

however, appeared to have any effect in retarding the onward march of the disease, except the opium. At one time, whilst under its complete influence, his lower jaw fell open.

The victim of the next case of tetanus was a man of the name of Andrew Vansyckel, about sixty-four years of age. Somewhere about fifteen or sixteen years before, he had had the largest portion of the calf of his leg torn away, by coming in violent contact with a broken wagon tongue whilst the horses which had been frightened were in motion. The injury was so great that amputation of the leg was advised by his physicians, but the patient and his friends would not consent to the measure. The wound never healed up, and a phagedenic ulcer was finally established, which subjected him to frightful hemorrhages from the erosion of bloodvessels, and rendered his life burdensome to him. This ulcer was six or eight inches in length, and of such a malignant aspect as to render amputation advisable. The case was seen by my esteemed brother-in-law, the late Dr. Richard D. Corson, of New Hope, the late Dr. William Gearey, of Flemington, and myself. We all concurred in the propriety of this measure. Dr. Corson performed the operation, assisted by Dr. Gearey and myself. The operation was performed on the thigh, as there was too much disease about the ham to admit of the operation being done on the leg. The case progressed favorably for three weeks, and when the wound of the operation had nearly healed, tetanus supervened, and the case proved fatal in four or five days. This patient was treated with opium and brandy.

My next case was Catharine Reed, a young woman. Trismus took place almost immediately after the extraction of a bicuspid tooth, and soon most violent opisthotonos followed. Every spasm of the extensor muscles was preceded by a pain shooting from the sternum to the spine. Opium was freely given, and the patient immersed in the warm bath. Some mitigation of suffering ensued, but the spasms returned as soon as she left the bath. Opium was again freely given, and the bath repeatedly used, until at last I could not find that much relief was longer obtained. Supposing now that there might be something like inflammation of the spinal column, I cupped her freely along the whole tract of the spine, but this measure aggravated the spasms exceedingly. I now resolved upon putting her under the influence of mercury, and gave the submuriate freely, in combination

with opium. The opium I considered would keep the disease at bay until mercurial action was developed. The plan succeeded. Although the spasms returned with much frequency, their force was weakened, and when mercurial action was completely established, the spasms wore off. For nearly a week she was librating between life and death. At one time, in fact, for two or three days, her stomach rejected everything taken into it, and I was obliged to administer opium and soap by the anus. She took opium two or three times a day, for some weeks after her recovery. Her health was finally completely restored. I attributed her recovery both to the opium and the calomel; opium kept the disease at bay, whilst the calomel subverted the disease by imparting its own peculiar action to the system. This case was under my own control.

The fourth and last case was Court Voorhees. His disease was produced by inflammation and suppuration about the ankle joint consequent on a bruise. The same remedies were employed as in the foregoing case, but the system could not be mercurialized; and, although opium relieved the spasms, he sank rapidly. Dr. Vanderveer, of North Branch, attended with me on this case.

When the foregoing cases were first penned, the remedial power of chloroform was unknown, and the inhalation of sulphuric ether not practised. Their introduction has mitigated much of the sufferings of tetanus, and they have unquestionably in a number of cases proved curative. The pages of the *REPORTER*, and particularly of those medical journals which are strictly eclectic in their character, such as *Braithwaite* and *Ranking*, bear evidence of this fact. Although the failures of anæsthetic agents have been numerous, humanity rejoices in what they have done; for even where they have not cured, they have mitigated the sufferings of patients, and smoothed their pathway to the grave. We hail the enlistment of another potent element for combating tetanus, and would now sum up the treatment as follows: Let opium and calomel be freely administered, with the twofold object of relieving spasm, and producing a systematic impression, and let chloroform be brought to bear upon the case, so as to keep the patient under anæsthetic influence as far as is compatible with safety. The mass of professional testimony is, I believe, in favor of this course.

PROCEEDINGS OF MEDICAL SOCIETIES.

ART. III.—*Extracts from the Minutes of the New York Pathological Society.* Specially reported for the New Jersey Medical Reporter, by E. LEE JONES, M. D., Secretary.

REGULAR MEETING, Oct. 24, 1855.

Strangulated Hernia; Abnormal Distribution of the Epigastric Artery.—Dr. Wm. DERMOLD presented a specimen of *strangulated intestine* removed from a woman, a servant in the family of a physician. When called to the case in the morning, she was found in a state of collapse; pulseless; extremities cold. There were two tumors in the right femoral region; one of them he regarded as a hernia, the other as enlarged inguinal glands. On inquiry, he ascertained she had retired the night previously, complaining but little; her mistress supposing her menses were about being re-established, having been suspended for twelve months. He was also informed that her fellow-servant had for some time refused to sleep with her, on account of her excessive foetid breath. She died a few hours after. On *post-mortem* examination, evidences of general peritonitis were observed, and the intestine strangulated. The smaller tumor proved to be a portion of the gut separated from the larger mass by the epigastric artery, which would, undoubtedly, have been divided in an operation. The large intestine was contracted to the size of the little finger. Both ovaries were studded with corpora lutea, apparently.

Dr. DALTON, after examining them, said they were not corpora lutea, but enlarged Graafian vesicles.

[This case seems to have been further discussed by Drs. Clark and Dermold, but was left unfinished in the report as it reached us.—*Ed. N. J. Med. Rep.*]

Scirrhus of the Pancreas, &c.—Dr. LOUIS BAUER exhibited a specimen of *cancerous disease of the pancreas*, removed from a female, 46 years of age. He had seen the patient but twice, the first time one year and a half since, together with Dr. Willard Parker, and consequently was but little acquainted with her history. There was, at that time, over the cardiac region, a pulsating tumor, which he (Dr. B.) was inclined to regard as an aneurism of the innominata; but Dr. Parker was rather of the opinion that it was a cancerous mass. Taking food was attended by a very peculiar sound.

The *post-mortem examination* revealed the tumor to be scirrhus of the pancreas. In the apices of the lungs were tubercles in different stages of advancement. The heart was hypertrophied on the left side, and surrounded by varicose veins in great abundance. The cardiac opening of the stomach was contracted by cancerous deposit; the pyloric orifice also narrowed. The transverse colon was contracted, and adherent to the cancerous mass. There were two ovarian cysts; one was opened, and the fluid was found to contain albumen and blood-discs. In the body of the uterus were two cancerous tumors. The spleen was very soft; liver, rather atrophied.

Cancerous Tumor.—Dr. J. C. DALTON presented a *cancerous tumor*, which he thought interesting, as bearing upon the question under discussion at the last meeting, viz: the degeneration of benign into malignant growths. It was by Dr. Willard Parker, on Monday, from a female 18 years old. It stated it had existed from birth. It was situated upon the back, between the scapulæ. It remained quiet for eleven years,

when it enlarged, but caused no trouble. About six months ago it became painful, and rapidly increased in size, especially during the latter period of utero-gestation. When first seen by Dr. D., some weeks before removal, the tumor was movable, and skin purplish. Some time after, she accidentally struck it against a chair; it soon ulcerated, the edges being everted. On inspection, in the centre is a cavity caused by a slough; the margin is everted. In portions taken from the everted edges of the tumor, no cancer was detected in being placed under the microscope; in its deeper portions, the mass looks malignant to the eye, and on being subjected to the microscope, gave undoubted evidences of its cancerous character. Dr. Clark regarded the specimen interesting, but of no value whatever as to the question of the degeneration of fibrous tumors, inasmuch as tumors, which we call cancerous, do remain dormant for many years. Dr. Dalton thought the clinical history of the tumor pointed to its not being malignant at first, and as such, bearing upon the subject.

Achorion Schonleini, or Porrigo Favosa.—Dr. DALTON next exhibited, under the microscope, a specimen of *porrigo favosa*. He received it from a physician, who was called to see a female patient having bilious colic. She also had an eruption on the upper eyelid, and nowhere else. On inquiry, it seemed there were in the house two cats, covered with spots of porrigo; one of them having it longer than the patient. On placing a portion of it under the microscope, the *achorion schonleini* was observed. It is composed of filaments and spores. In the portion taken from the patient, but few filaments exist, but spores in great number; in the crust from the cat, filaments in abundance are seen.

Puerperal Convulsions—Death.—Dr. T. C. FINNELL presented the *uterus*, obtained from a patient, who died of puerperal convulsions occurring after delivery. She was attended by a midwife, who attempted to apply the forceps, but failed. A physician was then called, who applied the same instruments and delivered her of a dead child. Soon after, an arm presented; he turned and brought away another dead child. She died the next day of convulsions. Nothing special was observed at the autopsy, except congestion of the kidneys.

Dr. Sayre remarked, that he recently attended a woman in labor; convulsions followed delivery, and were entirely arrested by chloroform. The urine contained a large amount of urea.

Dr. Schilling observed that he was the physician in attendance; that convulsions occurred before delivery, and were arrested by use of chloroform. The urine contained albumen.

Dr. Clark remarked that he had recently administered chloroform in two instances of convulsions with great satisfaction in acute hydrocephalus. A moderate and careful use of it quieted the children. Also in convulsion of typhus fever, an uncommon complication, the object being, not to induce coma, but simply mere quiescence. He had also used it with considerable advantage in convulsions arising from various causes, in delirium tremens, in erysipelas of the head.

Dilatation of Stomach.—Dr. FINNELL next presented an instance of dilatation of the stomach, with atrophy of its coats. It contains 143 ounces. History unknown.

Peritonitis; Abscess of Liver.—Dr. MCCREADY presented the *intestines* of a man received into Bellevue Hospital in a debilitated condition, from the effects of drinking, and an obstinate diarrhoea. He seemed to progress favorably until symptoms of peritonitis appeared, under which he sank. The *post-mortem* revealed evidences of peritoneal inflammation, and considerable ulceration of the mucous membrane of the large intestines. In the liver there existed an abscess, containing about a pint of pus.

Dr. Clark remarked that the thinness of the walls of the abscess towards the diaphragm was remarkable; the abscess was old, and evidently forcing

its way up to the diaphragm, onwards, to be expectorated through the bronchial tubes, when the inflammation caught him, as it were, at a time when there existed an inflammatory diathesis, and from that point it spread over the whole liver. From this, he inferred, the peritonitis arose.

Tubercles on Heart; Albuminuria; Pericarditis; Pneumonia.—Dr. McCREADY next presented a specimen of *tubercular deposit* on the surface of the heart, obtained from a patient received into Bellevue Hospital, on the 4th of September, 1855, aged 24 years, and a native of New York. Both of his parents died, at an early age, of phthisis. Constitution, delicate; habits, temperate. In March, 1854, he entered the hospital, suffering from an attack of dysentery; after remaining three months, he was discharged as *relieved*. During his stay in the hospital, he had an attack of rheumatism in the feet and ankles; and since then a dry hacking cough, accompanied occasionally with hæmoptysis. About two weeks previous to his last admission, he was seized with intermittent fever, which left him much debilitated.

Physical examination evinced some dullness under the left clavicle, with rudeness of the respiratory murmur, and slight crepitus at the end of inspiration. Heart sounds, normal. *Saturday, Sept. 8*, had a chill followed by fever; pulse 120, of moderate force and fulness; complains of unusual pain in the left chest and shoulder. The next day, a slight rubbing sound was heard over the præcordial region. Counter-irritation by cups, over the heart, and minute doses of Dover's powder ordered. His general condition improved until Tuesday the 11th, when he had another chill, followed by fever; pulse 120; skin hot and dry, with increased pain in the left side and shoulder. Physical examination.

A loud and well-marked double friction is heard over the præcordial space, most distinct over the middle third of the sternum. Pulmonary signs same as before noted; dullness normal over præcordial region.

Ordered cups over heart, and small doses of calomel. On the following day his condition was much the same. In front, the physical signs the same; posteriorly, over the lower lobe of the left lung, those of pleuro-pneumonia, are evident, but no cough or expectoration. Treatment continued. 5 P. M. Patient very restless; pulse 150, and weak; skin hot and dry; tongue furred in the middle. Calomel discontinued, and brandy given, one ounce every hour. He improved under this course of treatment. *Sept. 14*. Signs of pneumonia present. Heart sounds less distinct, but same in character; no cough or expectoration. *20th*. Heart sounds same, though decreasing in intensity; bronchial respiration and bronchophony disappearing; crepitus returning. *23d*. Præcordial signs have entirely disappeared; præcordial dullness not increased. No dyspnoea; endocardial sounds normal and distinct. From this time he gradually failed, and died *Oct. 2*, the physical signs remaining much the same. His urine was repeatedly examined, and albumen always found; no microscopical elements. Acid, specific gravity 1.007 to 1.008.

Autopsy twenty hours after death.—Body much emaciated, of a very pale and dusky hue. Head not examined.

Thorax—Pericardium thickened, and adherent everywhere to the heart. On cutting through the lower part of it, and stripping it up from the surface of the organ, numerous yellowish-white spots, about the size of a duck-shot, of a thick creamy consistence, were observed. These were imbedded in the substance of the heart, and had the appearance of tubercles. At the base of the heart these spots were larger and more diffused, resembling circumscribed collections of pus or softened tubercles. A microscopic examination of this substance exhibited numerous globular cells, irregular in shape, shrivelled and granular, about $\frac{1}{30}$ of an inch in diameter, with two or more nuclei. The whole mass was made up of these cells with fine granular matter. Valves of the heart not diseased.

The lower lobe of the right lung was in a state of complete red

hepatization; the inferior lobes of the left lung were grayish and cedematous. A few obsolete tubercles at the apex of the left lung.

Liver—pale, size normal; surface mottled with yellowish-white patches; most marked where the organ lay in contact with the ribs, thought to be evidence of commencing fatty degeneration.

Kidneys—small, weight of both five ounces. They were well-marked specimens of the granular variety of disease—their surfaces covered with light-yellow spots. The cortical portion from one to two lines in thickness. Pyramidal portion congested, and strongly contrasting with the paleness of the cortical. Microscopic elements—granular fat, and well-marked fatty degeneration of the epithelium.

Neuritic Tumor.—Dr. A. C. Post presented a subcutaneous *neuromatous tumor*, removed from the anterior tibial surface. It had been growing about four years. Microscopic examination showed it to be composed of fibrous tissue; no nerve fibres visible.

Dr. Clark observed, that he did not regard these as nerve tumors, but hypertrophy of the neurilemma—a fibrous tumor growing on the sheath of the nerve, which is spread out and displaced, and seems as if lost in the tumor.

Dr. Detmold desired to make an additional statement in reference to the case of tumors over the surface of the body, presented a few evenings since. The patient has since died, and the tumors were found to be carcinomatous.

DEMILT DISPENSARY, N. Y.

BIBLIOGRAPHICAL NOTICES.

- ART. IV.—1. *Proceedings of the Sixty-third Annual Convention of the Connecticut Medical Society*, May, 1855; with a list of members, and the Dissertation of Stephen G. Hubbard, M.D. Pp. 87. Hartford: 1855.
2. *Transactions of the Medical Association of Southern Central New York*, at the ninth annual meeting, held at Elmira, June 5, 1855. Pp. 124. Elmira: 1855.
3. *Transactions of the Belmont Medical Society for 1854, '55*. Pp. 172. Bridgeport, Ohio: 1855.

THERE are two things we cannot help liking about the *Transactions of the Connecticut Medical Society*—they are, their neat “getting up,” and the very business-like manner which characterizes the proceedings. The business of all the medical associations that we ever attended has dragged heavily, and been irksome in itself, and doubly irksome to one who feels the importance of profitable and pleasant meetings of the kind.

The annual dissertation by Dr. Stephen G. Hubbard is on such an important subject, and is of such a practical and useful character, that we transfer it entire to our pages, and commend it to the attention of our readers.

A report and recommendation were made by Dr. Baldwin, on the sale of patent medicines, which is worthy of attention. He says—

“The sale of patent medicine nostrums involves a large sum of money, variously estimated at fifty to five hundred thousand dollars; that most of this sum is carried from the State and pays no tax, being sold by peddlers and others on commission; that it is just that it should pay a certain tax or license in the towns where raised; that the payment of a license fee would restrict the sale of those articles in which the manufacturers have no confidence, and limit the operations of the adventurers who seek to replenish their pockets by hawking articles of pretended efficacy on the suffering sick. The Committee recommend that the Convention call the attention of our State Legislature to this view of the subject for such legislation as sound political economy demands.”

This is a view of the sale of nostrums that is worthy the attention of the legislatures of every State in the Union. The manufacture of these articles is a great evil, and the business one of

the most profitable that can be undertaken. Why should not these articles be taxed, and thus do some good by yielding a revenue to the State?

Dr. Gurdon W. Russell presented a valuable report on the Topography and Hygiene of the city of Hartford. The profession has not yet come up to its duty on the subject of hygiene, though we are happy to state that the subject is attracting more and more the attention of our national and sectional medical associations.

The *Transactions of the Medical Association of Southern Central New York* increase in interest every year. We regard this as a model association in respect to the number and value of the reports and essays read before it, as well as the prompt dispatch of business. The ninth annual meeting was held in Elmira, on the 5th and 6th of June last. The President, Dr. S. H. French, in his opening address, suggested the propriety of having committees appointed to investigate the medical botany of the district of country over which the association extends—that a well written essay on the subject of quackery be secured, and published, for gratuitous popular distribution, and that “since physicians are the abettors and main supporters of the great temperance reformation of the day and age, this association should, at the present session, take some action to aid in the execution of the prohibitory law about to take effect.” The President of the Association is worthy of all honor for making such a recommendation, and the Association in adopting the report of the special committee to whom the subject was referred, conformed to the spirit and aim of the science of medicine, and the mission of the true physician, which is not simply to aid nature in the cure of disease, but to aid in removing as far as practicable the *causes* of disease, suffering, and death. The committee reported as follows:—

“As it has ever been the highest aim of the medical profession to guard the health and promote the happiness of the human race, and as the use of alcoholic drinks as a beverage is alike detrimental to both, we are ever ready most cheerfully to acquiesce in any legal and judicious effort to remove this prolific cause of suffering and disease.”

We hope to see such testimony given to this humane movement by every medical association in the land.

We observe that not less than four applications were made for honorable discharge from membership of the Association, one on account of age and withdrawal from the profession, and three on

account of change of occupation. Such action manifests a respect for the Association that is calculated to add to its dignity and usefulness.

The President, Dr. French, in his address, after some general observations on the progress of medical science, makes ovarian disease, or dropsy, the principal subject of his remarks. His history of the surgical treatment of the disease is comprehensive, and valuable for future reference; we therefore copy it for the benefit of our readers:—

Remarks on the Surgical Treatment of Ovarian Disease.—"The treatment is naturally divided into the *surgical* and *therapeutical*. In some modes of treatment which have been adopted, both divisions or plans of treatment have been combined. The strictly surgical treatment which has been practised consists in the extirpation of the tumor. Gastrotomy has been practised for many years for various purposes, and doubtless the idea of the removal of the diseased ovary was suggested by the success attending such operations. The first operation on record for the removal of a diseased ovary was performed by a French surgeon (L'Aumonier), about the year 1800. Soon after that, in 1809, Dr. McDowel, of Kentucky, removed an ovarian tumor, and the patient recovered. Since this time the operation has been performed by various surgeons both in Europe and America. The particular manner of the operation has been a subject of considerable controversy. Some advocating the *great incision* in the *linea alba*—others the small incision; while others still, recommend the incision to be made at the *linea semilunaris*. The mode of arresting hemorrhage in the pedicle has also been various. Some secure the vessels by piercing the pedicle in the centre with a double ligature, and tying each half separately. Others have surrounded the whole mass with one ligature; some operators bring the ends of the ligatures out of the wound, while others cut them off close to the knot. The result of the patient has been about the same in either case, and the proportion of deaths differs but little as relates to the manner or situation of the incision, or the kind or number of ligatures used.

"Dr. Lee has taken much pains to collect all the statistics of the operation from 1809 to 1846. He has been able to collect the history of 118 cases; of these 78 recovered; which shows nearly two recoveries to one death. However, it must be borne in mind that in some of these operations no tumor was found, and in others, the tumor for certain reasons was not removed; and it has also been ascertained that he was not in possession of the history of all the cases when his tables were published. The proportion of deaths of those cases not published are as 3 to 5. Prof. March, of Albany, says, that according to his best knowledge and judgment about one-half of those operated on die!

"Now, in view of these facts, the question arises whether the surgeon is justifiable in recommending a patient to submit to the removal of a diseased ovary when her chances are only *equal* to live. Or even whether he is justifiable to operate, upon the solicitation of the patient herself. Many of the most eminent living surgeons both of Europe and America have expressed their decided disapprobation of the operation. Mr. Liston says (see *Lectures on the Operations of Surgery*, page 419): 'These operations, in my opinion, are exceedingly unjustifiable; I have always set my face against them, and I think I always shall.' He then states his reasons at large for such opinion. Prof. Mütter, of Philadelphia, in the book above quoted, page 423, says: 'For my own part, I have endeavored faithfully and cautiously to examine

the subject, being prejudiced neither for nor against it, and must confess, from the information now furnished to the world, I am induced to range myself among its opponents, except in cases of unilocular cyst without adhesions.' Prof. Meigs (*Females and their Diseases*, page 312) says: 'Having said so much, it is clear that I am opposed to the operation of extirpating the diseased ovary.'

"On the other hand, some eminent surgeons are strongly in favor of the operation; among these may be named Prof. Simpson, of Europe, and Dr. Atlee, and others, of America. I do not propose to discuss, at length, the arguments *pro* and *con* as connected with this important subject; but shall offer a few reasons why we should be extremely cautious in the matter, and well weigh the probabilities as regards the result, before deciding upon an operation.

"First, then, on account of the uncertainty of the nature of the tumor. It is very difficult to determine positively the nature of the tumor situated in the abdomen. Mistakes have been made by the very best surgeons, and that not very infrequently either; *deplorable* mistakes too, which put in jeopardy the lives of many females. There are tumors of the uterus or its appendages, which no sane man would attempt to remove, and which it is utterly impossible to distinguish from ovarian by any known rules of diagnosis. Several operations have also been commenced, when, upon laying open the abdomen, no tumor could be found. Other cases have been abandoned after the section, in consequence of adhesions or the size of the pedicle, which were of so formidable a character as to preclude the possibility of breaking them up or tying the pedicle and saving the patient. Another argument against the operation consists in the danger of the operation itself. Upon looking over the list of published cases, we find that the patient is liable to be destroyed by hemorrhage, peritoneal inflammation, and implication of the intestines, and the shock to the nervous system. Extreme suffering from pain and protracted convalescence are not necessarily fatal of themselves, but so act upon the system as to increase the danger, and not unfrequently help to make up, with other causes, a fatal result. Although Dr. Atlee has recently given an opinion* which conflicts with this, still on the other hand we have a host of facts which all show but too clearly the truth of this position.† But it may be asked here by the advocates of ovariectomy, if all these dangers exist, why is it that so many recover from the operation? Statistics, say they, show that this compares favorably with other capital operations in surgery. In answer to this, it might be said, and it has been before proven that tables are but bad representations of actual facts. Surgeons are sometimes reluctant to bring their unfavorable cases to light; as in so doing the enemies of the profession (who are ever ready to take undue advantage of every circumstance that they can light upon) will turn the tide of popular opinion against the profession. Tables are also made up too hastily—too soon after the operation, and thereby cutting off the final result. But admitting the tables are correct, and that but one in two or three die from the operation, there are other reasons still for opposing the operation. Other capital operations, it is true, show as great mortality following them as this, but still the difference between the one operation and the other is this: 'The one saves 3 out of 7 patients, who could not by possibility survive even a few days, were the operation postponed; while the other sacrifices one unnecessarily to prolong for a few months or years the lives of two, who would, in all probability, have lived as long had no operation been performed.‡ In the case of hernia, or amputation, the patient must die if let alone. In the case of ovarian disease, life is put in jeopardy in the attempt to relieve the patient of an inconvenience, or unsightly enlargement of the abdomen. In the one case the surgeon is prompted by the highest principles of humanity

* Boston Med. and Surgical Journal, Jan. 1855. † Liston, p. 424. ‡ *Ib.*, 425.

to save the life of an afflicted fellow being, and his sense of moral duty urges him on; while in the other case it is to be feared that, at least in some instances, the renown of being the hero of a great and hazardous operation may possibly have some influence in prompting its performance.

"The nature and course of the disease, it may also be said, do not warrant so terrible a remedy. In a vast majority of cases it is quite clear that the patient's life is not shortened by the disease. It has been declared by no less authority than Wm. Hunter, that, 'that patient suffering from ovarian disease will stand the best chance of living longest who does the least to get rid of it.' The disease is often very slow in its progress, gives the patient but little inconvenience, and not unfrequently other disease entirely foreign from this may be the one which destroys the patient.

"It may, and occasionally does, terminate spontaneously. Medicines also at times, as will be shown subsequently, have a very powerful controlling effect upon it; and lastly, if the patient recovers from the effects of the operation, the disease may be of a malignant character which will pursue its own course, entirely uninfluenced by the operation.

"Most of the foregoing objections have been urged by European surgeons, and even by those who have themselves operated. In our own country there are but a few who still advocate the removal of the disease by operation.

"If, then, ovariectomy has failed as an available remedy in this disease—if the removal, with the knife, of the diseased ovary is attended with so much hazard to the life of the individual, shall she be abandoned to her fate? By no means. Much can yet be done, both medically and surgically."

In respect to the *therapeutical* treatment of the disease, we do not see that Dr. French brings forward anything new. His treatment consists of the free external and internal use of iodine, with the occasional use of hydragogue cathartics.

Dr. L. H. Allen, of Owego, furnishes a well prepared essay on the use of alcoholic stimulants in disease. In the belief that animal heat is due to the combustion of oxygen in the lungs and bloodvessels, he would use alcoholic stimulants freely in diseases marked by great depression and loss of vital power. Our own views on this subject fully accord with those expressed by Dr. Allen.

Dr. J. G. Orton, of Binghampton, furnishes an excellent communication on Chemical Pathology. He shows the importance of an application of chemistry to the elucidation of the pathology of disease, with a view to the proper application of remedial agents. He particularly calls attention to the importance of chemical analysis of the renal secretion, quoting at the conclusion of his remarks on the subject, the following sentiment from Dr. Golding Bird:—

"The analytical examination of the products of the renal secretion in disease may be regarded as one of the most important aids in diagnosis, and which it would be alike injurious to the welfare of the patient, as to the credit and reputation of the practitioner, to avoid."

Dr. Orton concludes his essay with the following remark:—

"The intimate connection which we have seen it evidently has with the science of medicine, and the important assistance which it will afford for the elucidation of the physiological and pathological phenomena manifested in the animal organism, and the rich harvest of honors which it will most assuredly yield to its assiduous cultivators, will ever commend it to the favorable consideration of every true lover of science as the 'guiding star' to the final separation of empiricism from medicine forever."

As a practical application of Dr. Orton's views to a case in practice, we quote the following, from another portion of the *Transactions*:—

Oxalic Diathesis, by J. G. Orton, M. D.—"Mr. W——, aged 32, mechanic, consulted me June 16, 1854, giving the following history of himself during the past few years:—

"Digestion uniformly disordered; obliged to take physic very frequently; appetite at times very deficient, but oftener exceedingly voracious, and peculiarly fond of saccharine substances; disquietude in sleep; easily frightened; much annoyed with diuresis; headache; palpitation of heart; depression of spirits, and general debility. An exacerbation of these symptoms takes place at least once every month, entirely unfitting him for physical or mental labor.

"At the time of the consultation, this gentleman was laboring under intense hypochondriasis, but free from pain or any local abnormal condition of the body that could possibly be detected by physical examination.

"June 17.—On examination of *urina sanguinis*, by chemical analysis and the aid of the microscope, I was enabled to record the following as its more important constituent elements: Specific gravity, 1.024; triple basic phosphates, excess; acid, medium; oxalate lime, very abundant in octohedral crystals; uric acid, deficient; urea, excess; mucus, excess. Pathology; oxalic diathesis.

"*Treatment*.—Hydrochloric acid, two drachms; nitric acid, one drachm; aqua pura, two ounces; ordered to be taken as follows: The acids to be separately mixed with half of the water, and twelve drops of each to be taken after having been mixed together, about half an hour before meals, three times a day. Ordered total abstinence from all saccharine substances, and in particular from pie-plant pies, and all articles of food calculated to increase the formation of oxalic acid in the system.

"June 20.—Patient reports himself as feeling much better; less headache; sleep more quiet; spirits buoyant, and gone to work at his trade. The *urina sanguinis* exhibited itself as follows, under examination: Specific gravity, 1.030; basic triple phosphates, medium; acid, medium; oxalate lime, less abundant; uric acid, deficient; mucus, less; urea, excess. Ordered a continuance of the acids.

"June 29.—Patient still on the improve; diuresis much abated, as all the other symptoms of functional disturbance.

"Analysis of *urina sanguinis* resulted as follows: Specific gravity, 1.028; basic triple phosphates, medium; acid, medium; oxalate of lime decreasing; uric acid, a trace; mucus, medium; urea, normal. A continuance in the use of the acids was ordered.

"July 19.—Patient reports himself as feeling extremely well; in every respect much better than he had been at any time for two years past. In fact, he complains of none of the symptoms which have been the cause of his uneasiness for years.

"On examination of the *urina sanguinis* I found it as follows: Specific gravity, 1.028; basic triple phosphates, normal; acid, excess; oxalate of lime,

absent; uric acid, medium; mucus, medium; urea, normal; quantity of excretion, normal. Ordered a discontinuance of the acids for the present, and prescribed vegetable tonics and zinc.

"Although I have discharged my patient for the present, it is probable that in the course of some months a slight return of the *oxalic diathesis* will present itself, as is usual in this peculiar affection; in which case the acids will again be resorted to, and so on until, ultimately, the diathesis shall become permanently eradicated from the system.

"My patient was seen a few days since, and although nearly a year has now elapsed since he was first under treatment by the nitro-muriatic acid, yet he expresses himself as enjoying good health, and entirely free from all the troublesome symptoms he had formerly experienced.

"The point of interest in this case, is the same which is made manifest in all the cases of oxalic acid diathesis which have fallen under my observation, when treated by the nitro-muriatic acid; *provided* the crystals of oxalate of lime be of the *octohedral* form. If they be of the dumb-bell shape, the acid treatment will not effect a cure; the nitrate of silver then becomes the remedy of most value in its eradication.

"The microscope will alone decide what course of treatment it is proper to pursue."

There are several full and interesting reports on the epidemics of the various counties, besides several individual cases of interest, but we have already drawn so largely on our columns, that we must refrain from any further notice at present, of this very interesting volume of transactions.

The *Transactions of the Belmont Medical Society* consist of a number of addresses, reports on special topics, cases, &c. Many of these are very interesting and useful. Dr. Ephraim Gaston, of Morristown, reports several cases of acute rheumatism successfully treated by the use of poultices of urate of ammonia, as recommended by the late Prof. Horner, through the *Medical Examiner*. Dr. Gaston not being able to procure potter's clay, used the common yellow clay and human urine, applied to the inflamed joint as hot as could be borne. The application was successful in every instance. Constitutional remedies were employed at the same time.

In the annual report on Quackery, the conduct of a prominent man in the world of letters is commented on as follows:—

"Another phase of quackery has been presented during the last winter, by a man distinguished for belle lettre literature. I mean N. P. Willis, of New York. As the editor of the *Home Journal*, he has been entertaining his readers with *Idlewild Letters*, insisting on it that he was far gone in consumption. Fathers, mothers, children cried over the approaching fate of their idol, endeared by many reminiscences of his bewitching pen. Die he would. Every week's bulletin revealed a lower depth. The allopathic faculty had failed to give relief. Soap jackets and breathing-tubes hurried him every day a step nearer to the tomb. Notwithstanding all hearts were filled to the brim with grief at his approaching fate, it afforded a solid satisfaction to see

how classically a man could write himself out of existence. To the mortification of many who had expected to wear crape for at least thirty days, Willis did not die. He lives, 'sound as a brick,' according to his physician—he-morrhage stopped, tubercles vanished, caverns filled up—all by *Odic force*. Ah, Mon Dieu! * * * Twenty or thirty thousand subscribers, at \$2 a head, may have had something to do with this notable case."

From a specimen of "plain language," to be found on page 100, we infer that our friend Dr. Affleck has turned Quaker! He discourses of Hunter, the consumption curer:—

"*Quack* applied to such men as Hunter, is a lame term. Villain, swindler, traitor to humanity, would be far more appropriate, and even these terms fail to describe such a vast amount of recklessness and rottenness."

ART. V.—*Clinical Lectures on Surgery*. By M. NELATON. From Notes taken by WALTER F. ATLEE, M. D. Philadelphia: J. B. Lippincott & Co., 1855. Pp. 755.

M. NELATON, we are inclined to think, stands at the head of French Surgery, and reports of his clinical lectures cannot but be acceptable to the profession on this side of the Atlantic. Cases are so arranged, in the work before us, as "to class under the same head those in which the same pathological lesion existed; though, in some few instances, when the great interest of the case lies in the diagnosis, this plan has been departed from, and the case has been classed with others, from the fact that it was *not* one of them." These notes make a large and handsome volume, in which almost every subject of surgical interest is, in some degree, touched upon. It is a common opinion that the French *diagnosticate* diseases better than their professional brethren elsewhere, but do not *treat* them as well. Whether this be true or not, one thing seems certain, that thoroughness in pathological investigations, careful notings of every degree of disorganization in every shade of lesion, are eminently characteristic of the French surgeon and physician, as the "notes" before us additionally prove.

Dr. Atlee, it will be remembered, recently published his notes on the lectures of M. Bernard and Robin. To follow a rapid lecturer with notes in a foreign language, and then translate them, without betraying occasional ambiguities and some want of just connection, is no easy task; and blemishes of this nature, by no

means inexcusable, sometimes unavoidable, and quite apparent in the notes on M. Bernard, Dr. A. has taken more care to guard against in the present volume. We hope to hear from him again in a department upon the duties of which he has so ably entered, and doubt not the result will be fruitful of advantage both to himself and his profession. P.

ART. VI.—*Transactions of the American Medical Association*. Instituted 1847. Vol. 8. Pp. 763. Philadelphia: Printed for the Association by T. K. & P. G. Collins. 1855.

WE are glad to see that the *Transactions of the National Medical Association* for the present year keeps up with, if it does not go beyond, its predecessors, in the importance of the matter it contains. The minutes were published in full in the *REPORTER* for June last. The volume before us contains some valuable papers. The excellent report of Dr. Reyburn, of St. Louis, on the diseases of Missouri and Iowa, occupies 240 pages. The report of Dr. Sanford B. Hunt, of Buffalo, on the *Hygrometrical State of the Atmosphere in different localities, and its Influence on Health*, is on an interesting and very much neglected subject, and is ably treated of. The report of Dr. Frank H. Hamilton, of Buffalo, on *Deformities after Fractures*, falls like a bomb-shell amidst the statistics of hospitals and works on the practice of surgery. He contends that these works give an incorrect view of the result of fractures, as they result in deformity much more frequently than is represented. Why has not the doctor finished the subject? Or is he going to make deformities, resulting from other fractures, the subject of a future report? We are glad that the young surgeon, who so often suffers unjustly and ruinously from suits for malpractice, has so able an advocate and friend in Dr. Hamilton. Dr. Charles Hooker's report on the *Diet of the Sick* is an exceedingly valuable paper, and is of itself worth the cost of the volume.

There are several other special reports of value, but we cannot nerate them. The *Prize Essay* by Dr. James D. Trask,

of White Plains, N. Y., is a valuable collection of *Statistics of Placenta Prævia*.

This volume is well worthy the attention of our readers. How so large a book could be got out in six months we cannot conceive, especially when the proof-sheets of most of the reports had to be sent such distances to all parts of the country!

Those desirous of possessing the volume can secure a copy by sending three dollars to the Treasurer of the Association, Dr Caspar Wister, Philadelphia, Pa.

ART. VII.—*Pronouncing Medical Lexicon; containing the correct pronunciation of most of the terms used by speakers and writers on Medicine and the collateral sciences; with Addenda*. By C. H. CLEAVELAND, M. D., &c. Pocket size, pp. 302. Cincinnati: Longley Brothers. 1855.

FROM the number of lexicons that have been lately published it would seem that lexicography is a favorite subject for authors. We noticed two books of this kind last month. The work before us seems in all respects to answer the purposes of a miniature lexicon. The pronunciation is given in phonetic characters. It is humiliating to think that students of medicine and physicians are so ignorant of the rules of pronunciation as to require to have a pocket lexicon, burdened with a new written language for the purpose of teaching how to pronounce words. The addenda consists of abbreviations used in prescriptions, together with the original terms and phrases translated into English, with a list of poisons and their antidotes.

We have no doubt that the work will fully meet the object it was intended to meet.

EDITORIAL.

CLOSE OF VOLUME EIGHT.

WITH the present number of the NEW JERSEY MEDICAL REPORTER the labors of another year are brought to a close. To us it has been a year of toil and of trial, yet a year of prosperity and encouragement. We have, during the year, expurgated our subscription list of profitless subscribers, whose aggregate indebtedness to us reaches, if it does not exceed, the sum of one hundred dollars. We have questioned whether it was not a duty we owe our contemporaries, to publish the names of those persons who patronize medical journals without paying for them, and still hold the question for future decision. On the other hand, our list has received large additions of new subscribers the past year. These have come from every section of the Union, and it is a peculiarly satisfactory feature of this increase, that it comes from the better class of practitioners, those whose names are found on the registers of our national and sectional medical associations, and who are well known and respected as practitioners of medicine.

But what have we given our subscribers for the annual tax of two dollars which we exact of them? Our readers will find, by glancing over their numbers, that we have given them more than 600 pages of reading matter (considerably more than we promised them), nearly all of which is *original*. This fulfils an important part of our mission, viz: developing the latent resources of the medical mind, and adding to the sum of medical knowledge. In this aspect we regard the labors of the year with unfeigned satisfaction. During the year we have published over eighty original papers on various topics of general interest to the profession—aside from editorial contributions, and the papers published in the *Transactions* of the Medical Society of New Jersey—being an average of more than seven original contributions to a number. These papers were penned by more than forty contributors residing in thirteen States of the Union, fourteen of whom were residents of New Jersey. We have also published five original steel engraved

portraits of distinguished physicians, making twelve since we began the enterprise, one in which we have no rival.

We have had the satisfaction of receiving voluntary written testimonials in great number to the value of the *REPORTER* as a medical journal, and the fact that during the year we had demands for back sets from Vermont, Massachusetts, Rhode Island, New York, Maryland, and Ohio, exhibits the fact that many of our readers show more than a passing interest in the work. One subscriber, a distinguished and well-known practitioner in the State of New York, writes as follows: "I have now taken the *REPORTER* two years, and had in the mean time, and for twenty years, taken the *American Journal of the Medical Sciences*, *Boston Medical and Surgical Journal*, and *London Lancet*, and I will say, without intending to flatter, that I like your journal better than any of them."

But it is to Jerseymen, after all, that we ought to look for general aid and support in our enterprise. If all the physicians of this State would patronize the work, we would of course have the means to make it more generally useful than it can be now. On this point we copy the following from one of the oldest and most respected practitioners in the State, and commend it to the members of our district medical societies:—

"You ought to have the hearty co-operation of every medical man in New Jersey, and I blush that there are any so recreant to duty as not to recognize your claims upon them. I am glad of the course you have determined upon of presenting the claims of the *REPORTER* to all the district medical societies.* This, however, will not bring the *REPORTER* before all the physicians of the State, as there is so large a number who have not connected themselves with the district societies. If it were not for drawing so heavily upon your funds, the services of an active general agent, who should present personally, the claims of the *REPORTER*, would be more effective. This measure would subject you, however, to very great expense; and, if every member of a district society would lend his influence, it would be unnecessary. If your numbers could but be brought before the eyes of all the physicians of the State, their very prepossessing appearance must insure them a favorable reception. They are dressed up in a neater manner than any of the other periodicals, and much of success depends upon a first favorable impression. Your work is calculated to produce this impression, which will increase upon acquaintance. Although you may have some ground for discouragement, you have much more to encourage you. Go on, then, in the prosecution of your work. You have the good wishes of your professional brethren, and, if my good wishes could accomplish it, you might appropriate the language of Virgil: '*Quæ regio in terris nostri non plena laboris*.' Don't think me extravagant, you have, and you deserve my best wishes for the prosperity of your enterprise."

* This was done some months since, by sending a circular to each society, which was responded to in several instances by a number of new subscribers.—EDITOR.

We are happy to say that we have many such "extravagant" friends, both in and out of New Jersey.

Since the above was written, we have had the good fortune to meet with an agent who is canvassing the State for an excellent newspaper published in Camden (the *Jersey Blue*), and who will at the same time present the claims of the REPORTER in the different towns and villages through which he passes. We bespeak for him a hearty reception. He will come furnished with credentials from us, and no agent, who is not thus furnished, acts by our authority.

WHAT IS THE GREAT DESIDERATUM IN OUR PERIODICAL MEDICAL LITERATURE, AND HOW IS IT TO BE ATTAINED?

There are several answers to the above query, and they very naturally accord with the bias and interest of the respondent. The editor is tempted to view it in relation to the interest he is supposed to represent, whether it be that of a publishing house, a college, a party or clique, or even some more private and selfish end.

As medical journals have heretofore been conducted in this country, there is little inducement for a publisher to engage in such an enterprise with the idea of mere money-making, for it would be too slow an operation, and the remuneration, when it did come, would yield too small a percentage on the capital invested. As most of our periodicals are conducted, they must either subserve the interests of a publishing house or medical college as advertising media for support, drag along a miserable existence, without sufficient vitality to leave any mark upon the medical mind—a thing to be tolerated rather than cherished—or sustained at considerable sacrifice by some one who, *con amore*, gives his time and his talents to the work. Elevated views and noble impulses are, however, actuating the breasts of a few such men who are laboring hard at the editorial board, and whose unrequited toils often redound to the credit and advantage of the profession.

But, we respectfully submit, that the profession has no right to exact such labors from their brethren without giving adequate remuneration in return for them, and that where a journal aims to represent the interests of the profession as a whole, it is their

bounden duty to give it their hearty support. There are such journals in the country, and they are, generally, the sole property of their editors, and ought to be made to yield them a handsome pecuniary return. A proper appreciation and support of such journals is the great desideratum.

If the capital that is invested in medical journals in this country were concentrated upon one-third the number, they would be better supported, and, if rightly conducted, would be more worthy of support. We are surprised that the effort is not made by some one possessing capital, to publish in one of our principal cities, a weekly periodical—at five dollars a year, say—with a competent and *well paid* editor, having in his employ a corps of able and well paid correspondents in all parts of the country. We feel assured that an enterprise of this kind might be made to *pay well* by the second year. Had we the capital, we would not hesitate to engage in such an enterprise, and should expect to give our readers a *good journal*, and be remunerated for our labors.

Most of our readers are, probably, familiar with the *London Lancet*, an English medical weekly, which, we believe, is republished in this country, though we have heard complaints that it is not a *faithful* reprint. The *Lancet* is, probably, the best supported medical periodical in the world, and is a medical library in itself, reflecting not only passing events, but giving to the profession, through its pages, in the form of lectures, the nuclei of many of the elaborate treatises on the various branches of medical science which are ever and anon issued from a prolific press. We have the good fortune to possess a set of the original edition from its commencement, in 1823, up to within a few years, and look upon it as a valuable part of our library.

In glancing, recently, over the pages of some of the numbers for the current year, the thought occurred to us—Why cannot such a work be supported in America? To be sure, “the genius of our institutions” would be slow to tolerate a periodical at seven or eight dollars a year, but we think that as good a work might be supported in this country at five dollars a year.

To increase the efficiency and usefulness of our periodical medical literature, then, we need a more vigorous and hearty support of our *independent* journals, and a firmly established and well-

ordered weekly in one of our large cities, untrammelled by any purely selfish interest, would likewise be a desideratum.

CARD OF THE COMMITTEE ON PRIZE ESSAYS OF THE AMERICAN
MEDICAL ASSOCIATION.

At a meeting of the American Medical Association, held in Philadelphia, May, 1855, the undersigned were appointed a committee to receive voluntary communications on medical subjects, and to award prizes in accordance with the regulations of that body.

Each communication must be accompanied by a sealed packet containing the name of the author, and marked exteriorly by a sentence or motto corresponding with one upon the essay; which packet will not be opened, unless the essay belonging to it receives a prize.

Unsuccessful papers will be returned on application, after the adjournment of the meeting at Detroit in May next.

Communications intended to compete for prizes, must be addressed to the Chairman of the Committee, Ann Arbor, Michigan, before the 20th of March, 1856.

A. B. Palmer, M. D. (*Chairman*), Samuel Denton, M. D., A. R. Terry, M. D., Abram Sager, M. D., S. H. Douglass, M. D., C. L. Ford, M. D., E. Andrews, M. D.

CASE OF RUPTURE OF THE SPLEEN.

We are under obligations to a correspondent in Washington City, for the following brief details of a case that recently came under the observation of Dr. W. J. C. Duhamel, of that city, and introduce it here, though out of place:—

"On the 15th of November, Dr. D. was called to see Robert Johnston, æt. 19, who had received a blow in the left side from a companion. He found the patient writhing in agony, and complaining of pain in his abdomen. There was great nervous prostration. Stimulants and revulsives, warm bath, etc., were used, but without effect, and he died in a quarter of an hour after the doctor's arrival. It was stated in evidence by Dr. D., at the coroner's inquest, that when he first saw the patient his pulse was small and intermitting, scarcely perceptible, countenance pale, almost exsanguine, giving the idea that hemorrhage was, probably, taking place. There being no external wound, the opinion was given that an internal organ, probably the spleen, had been ruptured.

"A *post-mortem* examination was required, and the cavity of the abdomen found to be filled with a semi-sanguineous fluid, and large clots of blood. The organs were all in a healthy condition, with the exception of the spleen, which was ruptured on its larger surface, from which dark blood was oozing. The hilus of the spleen and its principal arteries remained intact. The diagnosis was thus very satisfactorily verified. In August last, the boy had an attack of fever and ague, which continued for three weeks."

Our correspondent refers to a case which was published in the *London Lancet* some years since, in which the patient was supposed to have *spit up* his spleen, it having suppurated and discharged into the stomach. He also speaks of the case of a gentleman in Washington, who, in ascending a flight of steps, fell and ruptured his spleen. In vol. iv. p. 172, of the *REPORTER*, Dr. Wm. Bryan, of Beverly, in this State, publishes a case of rupture of the spleen which came under his observation.

NEW ORLEANS ACADEMY OF SCIENCES.

We have received the Constitution and By-Laws, and the proceedings of the two past years of the above society, for which the Recording Secretary will please accept our thanks. The maiden honor of membership which the society has conferred upon us is gratefully acknowledged and duly appreciated.

The Academy numbers, among its members, all the prominent men of science in New Orleans and vicinity, besides a number of honorary and corresponding members residing in different sections of the country. The proceedings are full of interest to the lover of natural science, and we shall keep our readers apprised of them so far as they may be of special interest to the medical man.

RAILWAY SURGERY.

We publish in this number the details of a few of the cases of surgery which resulted from the recent railway catastrophe of which our city was the scene. We hope to receive the details of other cases for publication in a future number, and hereby request the several surgeons who were in attendance to furnish us with the necessary material.

PROSPECTUS OF VOLUME NINE.

We call the attention of our readers to the prospectus of volume nine of the *REPORTER*, on the last page of cover; also, to the favorable notices of the work extracted from the letters of correspondents, which will be found on the third page of cover.

Having engaged the services of a competent agent to canvass the State of New Jersey, we send this number as a specimen, to the address of many physicians in the State who are not subscribers, that they may, when called upon, have the opportunity of having seen a recent copy of the work, and the prospectus of the volume which commences in January next. We confidently look for a large increase to our subscription list as the result of this canvass, and expect a hearty support the coming year, not only from the pockets, but from the *intellect* of the profession generally. In other words, we hope to receive many communications for our pages, which shall instruct and profit our readers. Let the profession give us a hearty support, and see if, in lifting us, they do not elevate themselves. We are in the hands of our friends.

 *Bear in mind that the terms are PAYMENT IN ADVANCE, and forward the amount of subscription as soon as the first number of the new volume is received.*

 We lost a great deal of time from our journal subsequent to the railway catastrophe of the 29th of August last, and have not yet been able to make it up. This will account for our late appearance for the past few months. We expect to make a fair start, however, with our next number, and hope to come out promptly, after the first of January, on the first of each month.

 The *New York Medical Gazette* classifies the medical classes of that city as follows: the University School, 200 students; College of Physicians and Surgeons, 160; New York Medical College, 75; total, 435. In Philadelphia, we learn that in the aggregate, the classes have fallen off some: the University about fifty, the Jefferson about one hundred, while the Pennsylvania and Philadelphia Colleges have increased somewhat.

☞ Hon. John Ross, Principal Chief of the Cherokee Indians, recommends council to make an amendment to the Prohibitory Liquor Law (which, by the way, is *much* older than the "Maine Law"), to reach those persons "who introduce intoxicating drinks under the convenient labels of the patent medicines and preparations of the day." Scheidam Schnapps man, take notice!

ECLECTIC AND SUMMARY DEPARTMENT.

Registration the Basis of Sanitary Reform. By STEPHEN G. HUBBARD, M. D., New Haven.—While it is the peculiar office of physicians to cure disease and alleviate human suffering, it is highly appropriate that, as a class and as individuals, we should be identified with every movement having for its object the *prevention of disease* and the promotion of longevity.

With this view, Mr. President and Gentlemen, I propose to remark, briefly, on the rise and progress of the great Sanitary Reform, which, although foreshadowed centuries ago, has only within a very few years received the legislative aid necessary to insure its more general adoption; but more particularly of Registration, the basis of that reform.

The preservation of the public health has from the earliest periods received the attention of physicians, philosophers, and statesmen; and did time permit, it would be interesting to trace the course of this movement—keeping pace with advancing civilization—as it shows itself in the laws revealed to the Jews, enforcing cleanliness—purification—protection from contagious diseases, and the general preservation of health; and in the legislation of Greece, where no city was without its health officer, and Epaminondas, Demosthenes, and Plutarch served in that capacity; or in the history of ancient Rome, where we find the most extensive and sagacious plans were in operation, for ventilation, sewerage, and an abundant supply of water.

Indeed, it is easy to see from collections of Roman antiquities, that the laws for the protection of health in that city were of a very radical and peremptory character, and were executed with a degree of vigor and impartiality almost unknown to us; and it is to this vigilant forethought that, in the absence of other organizing agencies discovered only in later times, we may attribute the success with which that remarkable people preserved social order, through so dense and vast a mass of human beings.

What was previously known of the science of public health, however, perished in the general wreck of civilization which followed the invasion of the barbarians; and it does not appear that any sanitary regulations whatever existed from the seventh to the fourteenth century. In those dark ages, the people lived without law of any kind, and consequently frightful epidemics often desolated the land.

In 1350, King James 2d of France, turned his attention to this subject, and established an ordinance which has been considered the commencement of Sanitary Reform; but it went little farther than to prohibit the keeping of swine in cities; and regulate the sale of meats and fish—and for nearly two hundred years the only attention the subject received, was to remove from cities some offensive manufactures. During the early part of the sixteenth century, it became apparent that the first step toward a radical improvement in the physical condition of a nation, and

the enactment of laws tending to increase the average duration of life, was a collection of its vital statistics.

"That upon the circumstances connected with the three important eras of existence, birth, marriage and death, depended, to a very great extent, the physical, moral, and civil condition of the human family.

"And that a knowledge of the circumstances is necessary for a full comprehension of important means for the certain advancement of the population of states in health, prosperity and civilization."

The conviction of these truths led to the establishment at Geneva, in 1549, of the first system of registration of births, marriages, and deaths. The result was the discovery of such an alarming state of facts concerning the low value of life in that city, as led to the enactment of wise sanitary regulations, which have been amended and enforced through a long series of years. As a consequence, the mean duration of life increased more than *five times* from 1550 to 1833; and with the increase of population, and more prolonged duration of life, happiness and prosperity were promoted: although with advanced prosperity marriages became fewer and later, and thus the number of births was reduced, a greater number of infants born were preserved, and the number of adults, with whom lies the strength and greatness of the state, became larger.

"Toward the close of the seventeenth century, the probable duration of life was not twenty years; at the close of the eighteenth century it reached to thirty-two years; and now it is more than forty-five years, while the real productive power of the population has increased in much greater proportion than its increase in numbers."

The registers there, as in many of the cities of France, are viewed as pre-appointed evidences of civil rights; and now, no person can inherit property, administer upon the estate of a deceased person, or marry, without exhibiting from these records his right to do so.

In Prussia and the German states, these measures are attended to with great exactness. Every fact appertaining to the health, lives and condition of the inhabitants, is carefully collated and published for the benefit of the people. In nearly all the European states besides those mentioned, facts in connection with this subject are registered and collected in the most scientific and systematic manner. And, to use the language of a distinguished American—

"Whatever we Americans may say to the contrary, the average longevity in many places where these measures have been in operation, appears greater than with us. Indeed, we have no little reason to fear that, unless something is done to arrest the progress and pressure of the causes of mortality in this country, we shall be in danger of possessing only a very young and immature population."

"The average age at death in many of our large cities, as far as returns enable it to be shown, is under twenty years—a fact which can only be due to the unfavorable physical circumstances of the people, and their ignorance of the true means of living, and avoiding disease."

In England, the public attention was awakened to this subject about thirty years ago, by an able article in the *Westminster Review* on "the casualties of sickness and mortality," by Edwin Chadwick, Esq., at that time a young barrister in London, and to whom more than to any other

the cause is indebted—and whose name should be handed down to posterity as one of the great reformers of his age.

Dr. T. Southwood Smith, with whose work on Fever we are all familiar, is another individual who has been prominent in all the sanitary movements in England, and to whom the world is greatly indebted for his active efforts in this direction. These gentlemen have been frequently called by Parliament to serve with others on various commissions of inquiry concerning the several branches of Hygienic reform, particularly in regard to their pauper system. One of their reports shows that *one-fourth* of all their pauperism is the result of preventable disease.

The registration act of England, after which all similar laws in the United States have been more or less closely copied, was introduced in Parliament by Lord John Russell, and went into operation July 1, 1837.

Says a writer in the *London Lancet* :—

“This was the most important sanitary measure ever adopted in England. Before that time, a perfect chaos respecting population and mortality reigned. Since then, a mass of statistics, relating to life, health and disease, has been accumulating, which will exert, and is exerting an immensely beneficial influence upon the physical and moral welfare of these realms, and indeed ultimately upon every people on the face of the globe.”

“The discoveries of astronomy have not a more palpable application to navigation and commerce, nor the investigations in chemistry to manufactures, than have the statistics of health and disease to physical and moral regeneration.”

This prophecy is now in process of fulfilment; the influence of this movement has reached our own shores, and in several of the States has led to the establishment of systems of registration on a similar plan.

To Massachusetts belongs the honor of taking the lead among the States, in the march of sanitary reform, at the instigation of a distinguished statistician of Boston, Lemuel Shattuck, Esq., to whose reports and correspondence I am indebted for many valuable facts. Responding to the call of the Massachusetts Medical Society, the legislature, in 1842, enacted a registration law, which has been from time to time amended, as experience of its practical workings indicated, until it has been brought to a good degree of perfection and efficiency.

New York soon passed a similar law, and was followed in 1852 by Rhode Island, New Jersey and Kentucky, in all of which States annual reports have since been published.

In the Connecticut colony, the first registration act was passed in 1644. On the third of June, it was “Ordered, that the Towne Clarkes or Registers in the senerall Townes within this Jurisdiction, shall ech of them keepe a record of the day of mariedge of euery p’son hereafter married wthin their libertyes, and of the day of the birth of euery child hereafter borne, to whō the parent of the child shall wthin three dayes after the birth of his child certifie the day of the childs birth, and to whō euery man that shall be married shall wthin three dayes after his mariedge certifie his mariedge day, vnder the penalty of 5s, euery default. The said Register is to receaue vid. for recording the day of mariedge & iid. for recording the birth of the child.”

as subsequently codified—it was required that “euery new

married man shall likewise bring in a certificate of his Marriage, under the hand of the *Magistrate w^h married him*, to the said Register." "If any person shall neglect to bring in a noate or certificate as aforesaid, together with three pence a name, to the said Register, for all Births and Deaths—and six pence for each marriage, to be recorded, more than one month after such Birth, Death or Marriage, shall forfeitt for euery default *five shillings*, and the penalty further increased vppon longer neglect, according to the judgement of the Court;" and the Register was required to send to the Secretary of the Court an annual transcript, together with a *third part of the fees*, under the penalty of forty shillings for every neglect. A similar record was commenced at New Haven in the following year, and both were continued until the opening of the Revolution.

Although these records were very imperfect, and contained merely the names of persons who died, were married, or born, they have proved of great value in tracing genealogies, and titles to property; and there is some reason to believe that the returns, such as they were, were more promptly made than they are at present.

The Registration law now in operation in this State is in the main excellent; and if universally complied with, would develop a mass of valuable facts which could not fail of exerting a great and lasting influence on our prosperity.

It is intended to accomplish two great objects.

First. To preserve the name, and afford the means of identifying the connections, and some facts concerning the personal history of every person who is born, marries, or dies in the community.

Second. To determine how health, life and longevity are affected by age, sex, condition, and occupation; by climate, season, and place of residence; and by the diseases to which under any circumstances man may be subject.

To accomplish the first object, certificates of birth should in all cases state the *maiden name of the mother*—the *nationality of both parents*, and as children are often not named when the return is made, it should state the *number* of the child—whether first, or second, &c., in addition to those items now required.

Marriage certificates should also state in addition the *names and residences of the parents of both parties*, and the names of witnesses.

Certificates of death should also state in addition, the *names of the parents of the deceased*, and their *nationality*. In order to determine identity, it is necessary that these, and all the facts now required, should be recorded with exactness. Physicians in too many cases omit one or more of these facts, without reflecting that perhaps the very one which they consider of so little consequence, may be hereafter of the first importance to that individual or his friends, to say nothing of the loss which science sustains in the omission of a fact.

Records of this kind are of great importance in the various civil relations of society; and will secure to all classes numerous legal rights. It is useful to all persons, and to some it is of the greatest importance to be able to prove, in a legal way, their age and place of birth; and equally important is the day of death, and the particulars of the marriage contract.

Who does not know of individuals who have failed to obtain their rights of property, or have suffered in reputation, for the want of such legal proof of events and identity, as this law proposes to furnish?

A family once resident in New Haven, the undoubted heirs by the mother's side of a princely fortune in England, failed to receive it, for the reason that a *single fact* was wanting to complete the chain of evidence otherwise conclusive; and it is well known that millions of property in England, rightfully belonging to parties in this country, have been forfeited to the British Crown, because no legal record of Births, Marriages, and Deaths had been kept.

The widow of the late Dr. Dwight, President of Yale College, was for many years unable to procure the pension to which her husband's services in the army of the Revolution entitled her, for the reason that she had no proof of her marriage, no record having been made, and the witnesses being dead; she finally obtained it, however, through the aid of Joel R. Poinsett, while Secretary of War. He ordered it to be granted, on the ground that it was not to be supposed that so wise and good a man as his old and venerated instructor, would have lived all his life with a woman who was not his wife. How many families in this State would have been made glad, or have been saved from expensive litigation and pecuniary ruin, had such a plan of registration been faithfully carried out.

The records kept in New Haven have been repeatedly brought into requisition within two years, as legal evidence in suits affecting the social rights of individuals. Copies have been required in order to settle estates in England, Germany, Cuba, New York, and Massachusetts, besides for other purposes within this State; and I presume similar facts are known in other parts of the State. So far as my observation extends, the law is increasingly popular with the more intelligent portions of every community, who justly regard it as capable of conferring upon the State numerous benefits, the importance of which cannot be estimated.

To accomplish the second object, the record should show a class of facts different from those necessary to prove identity, though in some particulars they are the same; but as these are all included in the present law, I need not mention them here, except to remark that the attending physician should in all cases be careful to state in a certificate of birth, the *ages of the parents*, which many omit to do: this appears at first but a trifling matter, yet in future years such facts will prove of great service in determining the laws of population.

We shall know by these means what is the proportion of births and deaths among our foreign population, an item at present of peculiar interest; also of what diseases the foreign born and their children die. Forming as they do everywhere, a large and increasing element in our population, frequently bringing with them the seeds of disease and death, this becomes a matter of serious import.

The register in New Haven exhibits the fact, I believe, that a majority of the children who die there, are of foreign parentage, and that of these the larger part die between three and five years of age. If this statement is correct, and should be corroborated in the other large towns—the principal foci of the foreign population—it would be an interesting
act. It is easy to see that by the accumulation of facts,

registration will lead to the adoption of such measures as will aid in the diminution of sickness—(and one-half of all that occurs, is believed to be unnecessary and preventable)—in the security of life—in the improvement of the general physical condition of the people, and in promoting their greatest happiness.

Among the other important considerations connected with this subject, is its bearing on Life Insurance.

It was long ago ascertained in Europe that the reproduction, the life, the sickness and death of man, are regulated by certain fixed and natural laws, which vary, of course, according to the individual, and the circumstances by which he is surrounded. These laws have not yet been investigated in their application to man in the circumstances in which he is placed in this country—neither can it be done in the present state of knowledge on this subject.

It is evident, however, that many facts exist, which render the operation of these laws peculiar to ourselves; and it is highly desirable, on this account, also, that a system of registration of human life, by which they may be obtained, should be faithfully carried into operation.

Life insurance, as common in England as insurance on property, is becoming a very important interest in this country; and it has always been regretted that insurance companies are obliged to base all their operations on either the Carlisle or other tables of mortality, prepared in England many years ago, and which never afforded an adequate estimate of the probabilities of life on this continent.

“Such records would enable us to construct tables of mortality, containing an invaluable fund of statistical information, showing the various influences in operation among us, which tend to increase or diminish our population, the comparative value of life among males and females, and of persons existing under different circumstances and conditions; the comparative prevalence of health and disease and of death, in the different seasons of the year, in different localities, and in the different periods of life.”

Until we have such a class of facts, we cannot know the wants of our population—nor tell where to apply remedies in order to ameliorate their condition—to improve the general health of the community—promote the security of life, and add to the number of its years. At present, our exertions must be influenced by, and be made upon, comparatively uncertain theory and conjecture; and of course may produce erroneous results.

Registration has developed some interesting facts of a more strictly sanitary character. In England, it has been found that in those rural districts in which under-drainage had been within a few years generally adopted, the number of deaths has much diminished, while the cases of sickness were fewer and shorter; and in the large towns the difference between the ratio of deaths in the undrained, crowded localities, and the better portions of the cities, was very striking. In the report of Mr. Glover, superintending medical inspector of the London Board of Health, on the common and model lodging-houses of London (with reference to epidemic cholera in 1854), it is stated that, in 1853, there were registered houses of this kind, accommodating about 30,000 persons, yet, during the year, *only ten cases of fever* occurred. Considering the class of

persons inhabiting these houses, it must be acknowledged that three cases of fever in every 10,000 of such persons, is an almost incredible amount of sickness of this character. "In all the houses registered and un-registered, there were in the first nine months of last year, 72 cases of cholera, and 61 deaths, an amount of sickness, all things considered, astonishingly small." "With respect to the health of the inmates of the model lodging-houses, it appears from the various reports, that these houses have enjoyed all but a complete exemption from the cholera, the mortality among the inmates having been only in the ratio of about 26 in 10,000, whereas the mortality, from cholera, in the potteries, Kensington, was in the ratio of 259, in every 10,000; and in Bermondsey, 162 in 10,000."

In a comparison of the bills of mortality in London, with those of Boston, which has always been cited as a model city for cleanliness and sobriety, we find a remarkable coincidence. In London, 32 per cent. of the deaths are those of children under five years of age; the average age of all, at death, is twenty-six and a half years—and the annual rate of mortality for the whole population, is 1 in 40.

"In Boston from 1840 to 1845, 46.62 per cent. of all the deaths were those of children under five years of age; and in some classes of the population, more than 62 per cent. were under that age; the average age of all that died in the same period, was 21.43 years, and of the Catholic burials, 13.43 years only. The rate of mortality for the whole population for the last nine years, was 1 in 39—and for the last year (1849), 1 in 26." Showing that London, with its two millions of people, supplied with water from the Thames, into which the enormous accumulation of waste and dead animal and vegetable matter—the blood and offal of slaughter-houses—the drainage from dye-works, bone-boiling houses—and a thousand nameless pollutions, all find their way—with its crowded streets and graveyards, its foul cesspools and hopeless pauperism, is as healthy a city as Boston, and in some respects more so.

Some of our other cities suffer still more by the comparison. The annual average mortality for the last eight years, was—

In Philadelphia,	1	death in	42	inhabitants.
" Boston,	1	"	39	"
" Baltimore,	1	"	36	"
" Chicago,	1	"	29	"
" New York,	1	"	25	"

Last year the average ratio of deaths in Chicago, was 1 in 18.3 of the population.

The high ratio in the two latter cities is owing entirely to the larger proportion of immigrants constantly arriving there; while in Chicago full one-half the entire population are foreign born, and there is always present a floating population of several thousands, many of whom are yet suffering from the debilitating effects of a long voyage, and destitute of every comfort and convenience of life.

Doubtless among the principal reasons for the large mortality in this country, may be mentioned the great and frequent changes of temperature all seasons; the intense and prolonged heat of summer, favoring decomposition, and causing diseases of the bowels, as diarrhoea, cholera, &c.; the excitable and restless state of our popula-

tion, containing a large proportion of foreigners, among whom affections of the bowels and lungs seem to be particularly fatal. It is to be expected, then, that the deaths in proportion to the population would be more numerous, and the average age at death lower, than in the slow-going population, and more equable, temperate climates of the old world.

Says Mr. Chadwick: "The average of the whole of the living population in America, so far as it can be deduced from the census returns, is only 22 years and 2 months. Notwithstanding the earlier marriages and the extent of emigration, and the general increase of population, the whole circumstances appear to me to prove this to be the case of a population, depressed to this low age, chiefly by the greater proportionate pressure of the causes of disease and premature mortality. The proportionate numbers at each interval of age in every 10,000 of the population of the United States, England and Wales, are as follows:—

	United States.	England and Wales.
Under 5 years,	1,744	1,324
5 and under 10,	1,417	1,197
10 " 15,	1,210	1,089
15 " 20,	1,091	997
20 " 30,	1,816	1,780
30 " 40,	1,160	1,289
40 " 50,	732	959
50 " 60,	436	645
60 " 70,	245	440
70 " 80,	113	216
80 " 90,	32	59
90 and upward,	4	5
Average age of all living,	22 yrs. and 2 mo.	26 yrs. and 7 mo."

"It may be observed," he adds, "that while in England there are 5,025 persons between 15 and 50, who have 3,610 children, or persons under 15; in America there are 4,789 persons living, between 15 and 50 years of age, who have 4,371 children dependent upon them.

"In England there are in every 10,000 persons, 1,365 who have obtained over 50 years experience; in America, there are only 830.

"The moral consequences of the predominance of the young and passionate in the American community, are attested by observers to be such as have already been described in the General Sanitary Report, as characteristic of those crowded, filthy and badly administered districts of England, where the average duration of life is short, the proportion of the very young great, and the adult generation transient. The adult population in America, it has been shown, is younger than in England, and if the causes of early death were to remain the same, it may be confidently predicted that the American population would remain young for centuries."

	Yrs. Mo.
"The average age of all alive above 15, in America, is	33 6
The average age of all alive above 15, in England and Wales, is	37 5
The average age of all above 20 years, in America, is	37 7
In the whole of England, the average of all above 20 years, is	41 1"

These statements are important, and coming from a man so eminent for the ability and knowledge he has displayed on this subject, deserve serious consideration.

It is the prevailing opinion among us that no people in the world are more healthy than ourselves: but if the above statements are true, this opinion is erroneous.

In one of the Massachusetts Reports, is a compilation showing the mean duration of life in several places in Europe: also in Massachusetts. From this it appears, that while a child has a chance of living 45 years in Surrey (one of the healthiest districts in England), it has a chance of living only 35 years in Liverpool, and 29.15 years in Massachusetts—showing a difference between the two first of 19.6 years—in other words, life is but five-ninths as long in Liverpool, as in Surrey. Yet before the facts developed by the registration system were known, it was asserted by one of the most accurate writers in England, that the great increase in the town of Liverpool was owing to the *salubrity of the air*, and the progressive improvement in trade, commerce, and steam navigation.

If the above statement as to the mean duration of life in Massachusetts be correct (which is doubtful), it is as unhealthy as Liverpool and the most unhealthy districts of England. Facts as interesting and important may yet be developed in this State, in relation to our own towns and villages. We are becoming largely a manufacturing people, and take pains to ascertain the exact cost of every article made, in all its different parts, and its cost of transportation; yet we know nothing of the cost of life involved in its production.

We know not, yet we ought to know, what is the difference in the value of life in our cities, and country districts—at the sea-side—and in the mountains; among different occupations and classes of persons; and in what particular localities certain diseases, as consumption, scrofula, dysentery and typhus fever, are most frequent.

Registration affords the only means of determining these questions; and the materials for a complete history of the epidemics of the State can be procured in no other way. We have seen the great advantages and necessity of such a system, in proving individual identity—in securing the rights of property by inheritance—and in protecting public health and public rights. It will enable us to deduce the laws of "mortality and population which are peculiar to ourselves, while it will afford us the means to devise new measures for the prevention of unnecessary sickness and premature decay."

It is to be expected that any registration law sufficiently stringent to be of service, will encounter objections and opposition; obstacles of this kind attend the inauguration of every new measure, however humane and useful its provisions may be. We should not be surprised then to hear, as we do, that "this measure interferes with *private* matters." "If a child is born—if a marriage takes place—or a person dies in my house," says one, "what business is it to the public? these are private matters."

The man who reasons thus has but a limited conception of the obligations he owes to himself and to the public. He cannot, if he would, cut himself entirely loose from every other person, but has, while living in families and communities, a direct or indirect interest in each of them.

"Every birth, marriage, or death which takes place, has an influence—perhaps not upon you or me now, but it has upon others, hereafter have upon us."

Says a recent writer on the subject:—

"In the great and frequent changes in the affairs of life, it is impossible to predict which shall prosper—this or that; whether I shall be a pauper, or have to contribute to support my neighbor as a pauper; whether I shall inherit his property, or he inherit mine; and every person should not only be willing, but desirous to place within the reach of every other, the fact that he has existed, and the means of identification."

Parents should not fail to do this for their children, and in all cases should see that their births are properly recorded; interests of great moment frequently depend upon it, and it is not of more consequence that the boundaries of their real estate be duly recorded, than that the time, place, and circumstances of their children's births be verified beyond question.

It has been shown that a well organized system of registration is among the first wants of every enlightened people, and is capable of contributing largely to the amelioration of the physical and moral condition of communities. But in order to do this, it must receive the hearty support and coöperation of all educated men, of whatever calling in society, who give tone to public sentiment. It appeals to them, as being in some degree responsible for the success or failure of this very desirable reform movement.

This subject appeals to *clergymen*, as to those who are directly interested. By a recent change in the law, their duties under it are better defined and rendered less onerous, relieving them of much which they considered of too particular and delicate a nature for them to attempt; this was doubtless the reason that, in making their returns of marriages, they more frequently honored the law "in its breach than in its observance."

Their education and habits of mind should lead them to a full investigation of the subject; and their frequent opportunities, both public and private, will enable them to do very much to enlighten the public mind, in regard to the great benefits, both present and prospective, which must necessarily result from its full development.

To the physicians of the State, however, it appeals *by right*, for the aid and countenances which no others can give—and it relies for its efficiency and usefulness, on us more than on all the community besides—and without our coöperation it must fail.

The law was enacted by the legislature at the request of this society, and after full representations and arduous efforts of your committees, during two successive sessions; and are we not bound to use all our influence to cause the law to be respected and enforced?

Who so capable of furnishing the needful facts in relation to births and deaths, with least trouble and suitable exactness, as the attending physician? Who can better appreciate the advantages of registration, or more successfully advocate its claims upon public attention, than those to whom the community commits the care of its health, and whom it will hold responsible for any neglect of, or indifference to its sanitary interests?

Let us, then, not hold ourselves aloof from a public measure which promises so much for the amelioration of our physical condition, and the promotion of our best interest and happiness.

We are accustomed to think that, as a class, we perform a larger amount of unpaid labor, than all others combined. I admit that it is so, and it is one of the bright honors of our profession, that we are "instant in season and out of season," in relieving the sick and suffering, and in helping forward every good work.

It is possible, perhaps, that in the minds of some of you there still lingers a prejudice against the whole subject of vital statistics; and perhaps a few may seek to excuse themselves from their duty in making regular and prompt returns as the law requires, by saying that the government cannot rightfully demand of one class, or individuals, a service to the public without compensation. After diligent inquiry, I am happy to state that the number of *regular physicians* who make this objection to the law, and openly avow it, is exceedingly small. These surely forget the numerous instances in which individuals are required to make sacrifices of time and labor for the public good—to promote the ends of justice, and contribute to the common defence.

They forget that this trifling duty is the only tax which the State has imposed upon physicians, as such, while in some States a license to practise has to be purchased, and yearly renewed, after payment of a money tax, and the inscription of the name and address.

In England, registration has become the great idea of the age, and the profession there has cheerfully contributed to its success by an immense amount of unpaid labor; thereby erecting for itself an imperishable monument, and furnishing to their brethren everywhere an example worthy of imitation. In Massachusetts, the profession is actively alive to its importance, and united in effort to provide for that State the benefits of a general sanitary reform.

It is feared that some of us withhold our compliance with the law, or yield it reluctantly, because it is not yet quite all we could wish—or all we think it should have been at first—or because it subjects us to some inconvenience and annoyance.

The law is to be sure still imperfect in several points, particularly in the fulness of the details to be recorded—the mode of their collection—and the penalties for non-compliance. In most of its features, however, it cannot well be improved; with the exception of New Haven, there is some difficulty in procuring the return of certificates of death, by the attending physicians, who seem to imagine that they will be looked upon as evidences of their want of skill, rather than as a measure of the extent of their practice. In this city, this difficulty does not exist, for the reason that we have a city law which provides that no burial shall take place until the certificate of death is in the hands of the sexton. It is believed that were a similar provision added to our statute, and one requiring towns to appoint sextons where there are none, the law would everywhere meet with the same favor, and work with as little friction as in New Haven.

But frequent change in the law is inadvisable, for many reasons: the public confidence in its value would be impaired, and anything like uniformity in the records would be impossible. It is very desirable that registration laws should, as far as practicable, be uniform throughout the different States; and at the late meeting of the American Medical Association, a committee of one from each State was appointed, to pro-

cure the passage of a uniform law in all the States. It is of more consequence that a *few facts* be recorded, concerning each birth, death and marriage in the State, than to multiply the number of facts required, without providing adequate means to insure their regular return.

But do not on these accounts, gentlemen, withhold from it your support, and by your indifference defeat the good it is already accomplishing. On the contrary, let us each feel a personal interest and responsibility in the fate of this measure; and let us do all in our power, in our several county meetings, and by personal effort, to awaken in the profession throughout the State, and in the communities in which we dwell, such an interest in the cause of registration, as shall carry it forward to complete success.—*Proceedings of Conn. Medical Society, 1855.*

Oil of Erigeron Philadelphicum in Hemorrhages, &c.—Dr. Wilson presented a specimen of the plant and of the essential oil of the *Erigeron Philadelphicum*, and read the following notes of several cases of uterine hemorrhage successfully treated by the use of the latter:—

Mr. President: I have here a specimen of *Erigeron Philadelphicum*. It is an indigenous plant, growing abundantly in the fields around about Philadelphia, and has been used as a remedial agent for a long time, and, of course, is familiar to the members of the College. It is, however, the oil of the *Erigeron Philadelphicum* to which I wish to call the attention of the College for a few minutes. It is very extensively used and highly extolled by the eclectic physicians, as a remedy in various diseases—diarrhœa, dysentery, hæmoptysis, hæmatemesis, menorrhagia, uterine hemorrhage, &c. &c.

It is of a light straw color; is very limpid; has a peculiar aromatic, not unpleasant, odor, which is extremely persistent; its taste is peculiar, mild, and not very pungent. Professor Procter, who has examined it, informs us that its density is very low, being .845; it is very inflammable. It begins to boil at 310° Fahr., and continues to increase in temperature to 365°; showing that there are two volatile oils in association. The amount of oil yielded is extremely small.

My attention was called to it in January last, by Dr. A. C. Bournonville, as a remedy in uterine hemorrhage. He informed me that he had used it in some few cases, and wished me to try it. I have prescribed it in many cases, and very generally with decided advantage. The following are a few of those of which I kept notes:—

1. Mrs. E. W., residing in Adams Street, east from Thirteenth Street. I visited her in January, 1854. She was 44½ years old, pale, weak, with loss of appetite; scarcely able to be about house; had been unwell for five weeks, for the last five days very bad. Gave her 5 gtt. every two hours. She was entirely well in thirty hours.

2. Mrs. H. W. had miscarried at the sixth week of utero-gestation; flooding had continued for ten days after the expulsion of the ovum. Gave her 5 gtt. every two hours. She was entirely well in forty-eight hours.

3. Miss F. D., St. John Street, above Poplar Street, aged 21 years; stout muscular woman; pale, weak, loss of appetite, &c.; had been unwell for thirteen weeks, using from four to six napkins daily during most of the time. Gave her 5 gtt. every two hours during the day. ‡

was entirely well in twelve days. She went about her house during the treatment, but was restricted to light work.

4. Mrs. S., South Fourth Street, had miscarried at the tenth week; was a large, stout, healthy woman, about 37 years old; the hemorrhage was very much controlled by the use of this medicine.

5. Mrs. R., Marshall Street, above Master, had been unwell for ten weeks, many days so bad that she was compelled to go to bed. Gave 10 gtt. every two hours. She was entirely well in four days.

I have also prescribed it in some cases of irritation of the bladder, with great relief.

Having understood that the article has been prescribed by several physicians during the last few months, I should like to know the result of their observations.—*Trans. College of Physicians of Philada.*

The Practice of Specialties.—There seems to be such a disposition, of late, on the part of physicians to turn their attention to some particular line of practice, that we copy below the sentiments of two prominent men residing in different sections of the country on the subject. The practice of specialties is carried to a greater length in the city of Boston than in any other portion of this country, and we have regarded the cards of the different practitioners in various lines, as they appear in the *Boston Medical and Surgical Journal*, as in very bad taste. We should consider the company we were in as of too equivocal a character to willingly allow our names to appear in such a category. All quacks profess to be specialists, though all specialists may not be quacks.

The first article is taken from an introductory lecture of Prof. Joshua B. Flint, of Kentucky, for which we are indebted to the *New Hampshire Journal of Medicine*.

"Nevertheless, in every modern country where medicine has been much cultivated, so generally and so steadfastly have these distinctions been recognized and adhered to, that the *general practitioner*, like many other manifestations of utilitarianism, may properly enough be called an *Americanism*. The whole profession is here composed of such, as I have said; and it has always been so; and I cannot doubt that this innovation upon professional custom is due to that same controlling national good sense, which has shaped our other institutions, in disregard of precedent and authority, as much as to the peculiar conditions and circumstances of country under which the profession has grown up.

"At the present time, wherever the true foundations of medical philosophy are appreciated, its disciples are becoming united in name and immunities, as they are in the principles of their art, and in the beneficent purposes of its exercise. Even in England, where the temper of the people and the spirit of their institutions are extremely opposed to any such changes, the 'pure physician' and the 'pure surgeon' are about disappearing, in fact, and the *general practitioner* is taking the position he is entitled to, as the true exponent and minister of the healing art. To this result none have contributed more effectively than some of the most eminent surgeons of the British metropolis—and in the furthering his reform, while promoting the unity, honor and usefulness of medicine in general, these gentlemen have rendered the highest services to their own particular department of it."

"But 'does not practice make perfect?' I hear some one say, seduced

by the sophistry of the schismatics—'Is not exclusive devotion to any one pursuit the best guarantee of excellence in it?' Yes, certainly, if the question be applied to the different petty labors that are combined in the manufacture of a pin, or the heavier ones that result in the construction of a steam-engine, but No, as certainly, if applied to the various and mutually dependent particulars of a great systematic whole. No one of the elements of a *system* can be understood and wisely dealt with, except by means of an acquaintance with the intrinsic and relative attributes of all its associated constituents."

"A very little discriminating reflection rightly directed, will serve to expose the fallacy of expecting from the introduction of division of labor into medical practice, anything like the advantage we realize from it in the mechanical arts; and so will dissipate all the most specious pretensions of professional specialties. And remarkably are such *a priori* conclusions against medical schism confirmed by the testimony of experience. Venereal affections, and diseases of the eye have been made matters of exclusive practice more frequently than any other portions of surgical duty—and *cui bono*? The foundations of all sound knowledge and good practice in both these important sections of surgery, repose upon the labors of those who cultivated them in common with the other portions of their art. Hunter, and Bell, and Carmichael, and Larrey, and Rose, have done infinitely more for the elucidation of Syphilis, than all the exclusive Syphilographers, from Sir Ulric Hutton of the sixteenth century, who wrote and practised from personal experience of the disease, down to the present accomplished surgeon of the Hôpital du Midi, in Paris. And so of the other example—Ophthalmic Surgery is under obligations to Cheselden, and Lawrence, and Tyrrell, and Wardrop, and Græfe, and Chelius, to Sanson, and Dupuytren, and Velpeau, and to my venerable friend the Surgeon of Wills' Hospital in Philadelphia, in comparison with which the services of all the exclusive oculists from Sir Wm. Gascoigne, of whom Dr. Bulleyn quaintly testifies that he 'helpeth sore eyes,' to Sechel, and Wilde, and Elliot, of our own times, are but dust in the balance."

"Mr. William Mackenzie, lecturer on Ophthalmic Surgery in the city of Glasgow, and author of one of the best systematic treatises on these diseases ever produced, after giving statistics of the operation for cataract—a section of practice where, if in any, the dexterity acquired by exclusive devotion would most certainly tell, remarks: 'Such are some of the data furnished us from the practice of general surgeons, on which to furnish an ultimate prognosis with regard to cataract. *I am by no means of opinion that the practice of mere oculists would afford more favorable results.*'"

"Alike unprofitable, in practice as in science, are all these divisions and subdivisions of medicine. Show me an Oculist, an Aurist, or a Hernia-curer—a throat doctor, a lung doctor, a liver doctor, or a urine doctor; and I will presently show you, in the same person, nine times out of ten, an arrant routinist, who has long since ceased to investigate and does nothing but prescribe."

The Vomiting of Pregnant Women. By M. LORACH.*—In a case of

* Translated from the *Annuaire de Thérapeutique*, for 1855.

extreme debility, consequent upon the long-continued vomiting of pregnancy, M. Lobach prescribes the tincture of nux vomica in doses of two or three drops every two hours, a remedy which he has frequently found useful in such cases.

The vomitings were arrested by the nux vomica, but the most violent cramps continued to manifest themselves. M. Lobach then tried the effect of the tincture of the acetate of copper in very small doses, but she could not retain the remedy. The use of iron somewhat ameliorated her condition, but very soon the cramps reappeared in spite of the employment of valerian, castor oil, and other like medicines. Gradually, however, under the influence of the tinctures of amber, musk, iron, and nux vomica, the condition of the patient improved as the pregnancy advanced.

Three months later, the distressing cramps returned, and the use of the tincture of the acetate of copper, in doses of one drop each hour, was again attempted. The effect was very remarkable. At the end of thirty-six hours, all of the unpleasant symptoms vanished, the dose in the mean time being gradually increased to six drops. Towards the termination of the pregnancy, the cramps again returned with redoubled force, and again were controlled with the tincture of copper. This lady at last gave birth to a delicate infant, which did not seem to have come to its full time. She had a very favorable recovery.

The effect of the acetate of copper in controlling the cramps with so much rapidity is worthy of notice. M. Lobach was led to the use of this remedy by seeing its power in the cramps of hysteria, and in the cramps of paralysis following after apoplexy.—*Virg. Med. and Surg. Journal.*

Reduction of a Dislocated Femur without Extension. By Mr. COCKE, of Guy's Hospital.—The method of reducing dislocation at the hip-joint without any extending force, seems to be growing into favor. We notice in a late report from Guy's Hospital, that Mr. Cocke, of that institution, had succeeded easily in reducing a dislocation on the dorsum of the ilium by this process, after all the usual means had utterly failed.

With regard to the direction in which it is necessary to apply force in reduction without extension, it may be concisely indicated in the formula—lift up, bend out, roll in. The thigh is to be flexed on the pelvis, and the operator, taking hold of the patient's knee, is to bend it outwards, away from the axis of the body. In that position, a slight rotatory movement is to be accomplished, and the head of the bone will slip into place. The explanation of the success of these movements will be apparent to any one who is familiar with the relative positions of the parts implicated. Movements modified according to the different positions taken by the femur, and which will readily suggest themselves to those possessing anatomical knowledge, are equally effectual with the other varieties of dislocation at the hip. One principle is that the femur is made to constitute a powerful lever in the hands of the operator, and it may be well to remark that, in cases in which the length of leverage may not seem sufficient, the difficulty will be at once met by using the whole limb, and grasping the foot instead of the knee.—*Virg. Med. and Surg. Journal.*

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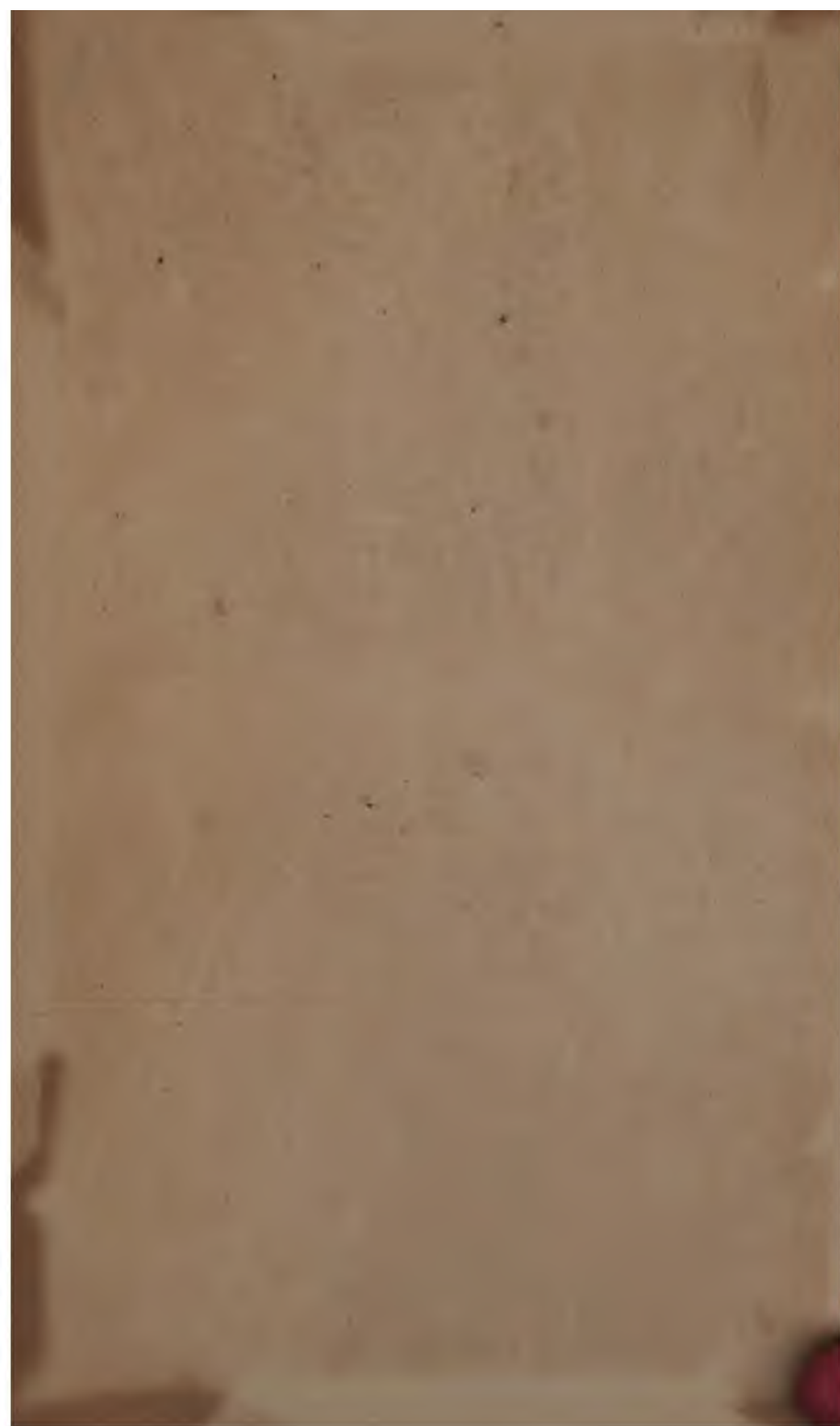
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